

<b>Case Number:</b>	CM15-0011218		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male, who sustained an industrial injury on 8/21/08. He has reported right ankle injury. The diagnoses have included tibiotalar osteoarthritis, sprain of ATFL and CFL ligament, history of right calcaneus and talus non-displaced fractures and right ankle pain. Treatment to date has included oral medications and topical medications. (MRI) magnetic resonance imaging of right ankle was performed on 9/17/08. Currently, the injured worker complains of constant, persistent right ankle pain with intermittent sharp shooting pain. Tenderness of right ankle is noted with slightly decreased strength of right ankle. On 1/14/15 Utilization Review non-certified Nortriptyline 10mg #30, noting the absence of documentation of neuropathic symptoms, the medical necessity of ongoing treatment cannot be established. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Nortriptyline 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Nortriptyline 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 15-16.

**Decision rationale:** CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, the tricyclic is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. Nortriptyline is not medically necessary.