

Case Number:	CM15-0011471		
Date Assigned:	01/29/2015	Date of Injury:	02/09/2009
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female with an industrial injury dated 02/09/2009. Her diagnoses include migraine, shoulder hand syndrome, complex regional syndrome, and tension-type headaches. Recent diagnostic testing was not submitted or discussed. She has been treated with surgery (carpal tunnel release & de Quervain's release), stellate ganglion blocks, medications, and acupuncture. In a progress note dated 11/25/2014, the treating physician reports despite treatment. The objective examination revealed diminished light touch sensation in the C6 dermatome distribution on the right side, trigger point muscle spasms in the cervical spine musculature, decreased flexion and extension in the right wrist, muscle atrophy in the right upper extremity, muscle tenderness to palpation of the right upper extremity, decreased right hand grip strength, and hyperalgesia over the right forearm and wrist. The treating physician is requesting serum Nortriptyline level which was denied by the utilization review. On 12/22/2014, Utilization Review non-certified a request for serum Nortriptyline level , noting the absence of clear rationale for the necessity of determining the injured worker's nortriptyline levels that would affect the course of treatment, and no clinical indication to warrant the request as opposed to clinically assessing the inured worker's previous functional response to the use of nortriptyline. The ODG Guidelines were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of serum Nortriptyline level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Nortriptyline Level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Pain chapter online for Insomnia treatment under Sedating antidepressants

Decision rationale: This patient presents with chronic upper extremity complaints and migraines. The current request is for SERUM NORTRIPTYLINE LEVEL. The treating physician recommended that the patient trial Nortriptyline and requested authorization to check Nortriptyline level once she has reached her goal. The Utilization review denied the request stating that there is "no compelling clinical indication to warrant the requested determination as opposed to clinically assessing this patient's functional response." MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. ODG guidelines, Pain chapter online for Insomnia treatment, under Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) states these have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. This patient continues with tension type headaches, right shoulder/hand pain and suffers from CRPS type 1. There is no indication of depression or insomnia to warrant a trial of Nortriptyline. Given that the patient does not meet the indication for using Nortriptyline, the requested serum level check is not necessary. This request IS NOT medically necessary.