

<b>Case Number:</b>	CM15-0011478		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 who sustained a work related injury on April 9, 2009. Injury occurred while restraining a dog. The patient is status post carpal tunnel and DeQuervains releases. The injured worker was diagnosed with complex regional pain syndrome, type I, Migraines/Tension Headaches, right Shoulder-Hand Syndrome. According to the primary treating physician's progress report on November 25, 2014, the patient has continued headaches that are throbbing and band-like around the head associated with nausea. She denies prodromes/auras. The injured worker's right upper extremity is hypersensitive to touch with atrophy and hyperhidrosis. Current medications are listed as Gabapentin, Gralise, lidocaine patch, Sumatriptan and Ondansetron. The treating physician requested authorization for Ibuprofen Hcl 100mg 1 tab by mouth twice a day #60 5 Refills; Nortriptyline 25mg 1 cap three times a day by mouth as needed for 30-days. On December 22, 2014 the Utilization Review denied certification for Ibuprofen Hcl 100mg 1 tab by mouth twice a day #60 5 Refills; Nortriptyline 25mg 1 cap three times a day by mouth as needed for 30-days. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen Hcl 100mg 1 tab PO BID #60 Refill: 5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, page(s) 107. Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective Nsaids section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen Hcl 100mg 1 tab PO BID #60 Refill: 5 is not medically necessary.

**Nortriptyline 25mg 1 cap TID PO PRN for 30-days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition, Chapter: Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antidepressant for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, tricyclics (Nortriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, there was no documentation of a specific objective neuropathic pain condition occurring on physical examination. There is no documentation of diabetic neuropathy or post-herpetic neuralgia. Based on the above, the prescription of Nortriptyline 25mg 1 cap TID PO PRN for 30-days is not medically necessary.