

Case Number:	CM15-0117164		
Date Assigned:	06/25/2015	Date of Injury:	08/24/2012
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 8/24/2012. He reported cumulative trauma including striking his head upon standing up on a metal bar and falling that resulted in acute pain in the neck and back. Diagnoses include cervicgia, skin sensation disturbance, lumbar disc degeneration, cervical disc degeneration, and chronic pain due to trauma. Treatments to date include activity modification, Gabapentin, Norco, Nortriptyline, chiropractic therapy, and lumbar facet injections. Currently, he complained of low back pain and difficulty sleeping. There was some improvement in sleep documented with Nortriptyline use. On 6/1/15 the physical examination documented tenderness with palpation to thoracic and lumbar spines, right side greater than left side. The plan of care included Nortriptyline 50mg, one tablet before bed every day, #30, with three more refills for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 50 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2012 from striking his head upon standing up on a metal bar and falling. There was neck and back pain. Currently, he complained of low back pain and difficulty sleeping. There was some subjective improvement in sleep documented with Nortriptyline use. As of 6/1/15 the physical examination documented tenderness with palpation to thoracic and lumbar spines, right side greater than left side. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it does not appear there is a major depressive disorder. The medicine reportedly is being used for sleep. This is an off label use, and there is no evidentiary studies of this agent in being used for insomnia. The request is not medically necessary.