

<b>Case Number:</b>	CM15-0117388		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 23-year-old male who sustained an industrial injury on 01/16/2014 when he fell 20 feet from a scaffold landing face first. The injured worker suffered multiple facial fractures. The injured worker underwent a right orbital fracture repair and bilateral LeFort II with open reduction internal fixation maxillomandibular fixation on January 23, 2014 and an open reduction internal fixation right distal radius on January 24, 2014. The injured worker was diagnosed with post-concussion syndrome, post-traumatic stress disorder and depression. Treatment to date has included diagnostic testing, surgery, psychiatric evaluation and treatment and medications. According to the treating physician's progress report on May 7, 2015, the injured worker reported losing a recent prescription for Nortriptyline and was feeling the effects of not taking the medication for a few days. The provider has slowly been increasing the dose of Nortriptyline to control the injured worker's depression. The evaluation noted more depressed mood and affect without gross agitation, flight of ideas, loose associations, hallucinations or delusions. Current medications are listed as Oxycodone and Nortriptyline (Pamelor). Treatment plan consists of continuing Nortriptyline at 75mg with possible increase next month and the current request for Nortriptyline (Pamelor) 25 mg #120 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline (Pamelor) 25 mg #120 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** Regarding the request for nortriptyline, CA MTUS guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it appears that the medication is providing efficacy in the management of the patient's depression. However, as with any medication, there should be regular reevaluation for ongoing efficacy and continued need. The current prescription with 4 refills is not conducive to regular reevaluation and, unfortunately, there is no provision for modification of the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested nortriptyline is not medically necessary.