

Case Number:	CM15-0123310		
Date Assigned:	07/07/2015	Date of Injury:	03/23/2012
Decision Date:	08/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application	06/26/2015

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: Maryland

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

This injured worker is female, who reported industrial injuries on 3/23/2012. Her diagnoses, and or impression, were noted to include: degenerative cervical discs; cervicgia; thoracic degenerative disc; thoracic spine pain; lumbago; and kyphoscoliosis and scoliosis. No current imaging studies were noted. Her treatments were noted to include an exercise program; medication management; and rest from work. The progress notes of 5/26/2015 reported no change in moderate-severe back pain, with upper extremity paresthesias to the bilateral shoulders/forearms/hands/fingers, along with headaches, that were aggravated by activities; thoracic pain that was somewhat better; stated benefit from deep tissue massage; the inability to return to work; and to request for medication refills. Objective findings were noted to include a thoracic kyphosis and posterior rib prominence in the lower thorax, with mild tenderness over the same area. The physician's requests for treatments were noted to include the continuation of Nortriptyline and a chiropractic myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #30 with 3 refills per 05/26/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15 and 9792.20. Medical Treatment Utilization Schedule-Definitions (f) functional improvement. Decision was not based on Non-MTUS Citation.

Decision rationale: Nortriptyline 25mg #30 with 3 refills per 05/26/15 order is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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. The documentation indicates that the patient has paresthesias which can be considered neuropathic pain, however there is no evidence of significant objective functional improvement as defined by the MTUS on Nortriptyline therefore continued use of this medication is not medically necessary.

Myofascial release with a chiropractor per 05/26/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Myofascial release with a chiropractor per 05/26/15 order is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From documentation submitted it appears patient has had chiropractic care already with no evidence submitted of functional improvement or objective measurable gains in function or achievement of positive symptomatic findings therefore further chiropractic care is not medically necessary.