

<b>Case Number:</b>	CM15-0126782		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/27/1999
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57-year-old female who sustained an industrial injury on January 27, 1999. A more recent dated progress note dated May 04, 2015 showed a comprehensive note describing the worker having suffered from mood disorder due to medical condition, chronic sympathetic dystrophy. She has reactive depression, reactive anxiety and sense of rejection. Her disability status is that of being permanent and stationary. The plan of care noted remaining on Valium 10mg three times daily, Buspar, Topamax, Omeprazole, Trazadone, and Norco 10mg 325mg. She is currently ambulating with a cane for short distances and uses a wheelchair otherwise. She is encouraged to see a pain management specialist as soon as possible and follow up with psychiatrist and primary treating. A psychiatric follow up provided as documentation noted with an illegible date described current medications as Valium, Buspar, Topamax, Cymbalta, Omeprazole, and Levothyroxine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Anti-depressants for treatment of MDD (Major Depressive Disorder), (2015).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Nortriptyline 10 mg #30 is not medically necessary. 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. Analgesic effects generally occur within a few days to a week and antidepressant effects take longer. In this case, the injured worker's working diagnoses are mood disorder and chronic sympathetic dystrophy; depression, reactive anxiety and a sense of rejection. The date of injury is January 27, 1999. The request for authorization is June 25, 2015. The scan quality of the medical record psychiatrist documentation is largely illegible. The psychiatric progress notes range from January 13, 2015 through June 19, 2015. The start date for nortriptyline is not specified medical record. The injured worker is being treated for depression and insomnia. Current medications include Valium, Cymbalta, trazodone, Topamax, Omeprazole, nortriptyline 10 mg Q HS, and BuSpar. The documentation does not demonstrate objective functional improvement as it applies to nortriptyline. As noted above, the start date for nortriptyline is not documented/illegible. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, illegible documentation, no documentation demonstrating objective functional improvement and no start date for nortriptyline, Nortriptyline 10 mg #30 is not medically necessary.