

Case Number:	CM15-0170557		
Date Assigned:	09/11/2015	Date of Injury:	12/05/2012
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 55-year-old male, who sustained an industrial injury on 12-5-2012. The injured worker was diagnosed as having traumatic brain injury without loss of consciousness, sleep disturbance, memory disturbance, reactive myofascial pain cervical, thoracic and lumbar, and chronic low back pain. The request for authorization is for: Naproxen 500mg, and Nortriptyline HCL 10mg. The UR dated 8-18-2015: Non-certified the request for purchase of Naproxen 500mg #60 with three (3) refills, Nortriptyline 10mg #30 no refills; and Certified the request for consultation with physiatrist for traumatic brain injury. The records indicate he has been utilizing Naproxen since at least January 2015, possibly longer. On 5-5-2015, he reported worsened neck and back pain along with right leg numbness. He is noted to have tenderness in the back and neck along with an antalgic gait upon examination. He also has hypoesthesia in the right leg. No allodynia, dysesthesia, or hyper and hypoesthesia is noted in the L5 and S1 dermatomes, and his deep tendon reflexes in the Achilles and patellar tendons is decreased. On 8-3-2015, he reported persistent head and neck pain. He indicated that word finding and communication is becoming progressively worse. It is noted that he is responding partially with physical therapy treatment. He reported continued difficulty with activities that involve the head and neck including picking up objects, climbing stairs. He also reported increased low back pain and sleep disturbance. The provider indicated adding Nortriptyline to the medication regimen that included Naproxen. He is temporarily totally disabled and is not working. The treatment and diagnostic testing to date has included: medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This claimant was injured in 2012 with traumatic brain injury without loss of consciousness, sleep disturbance, memory disturbance, reactive myofascial pain cervical, thoracic and lumbar, and chronic low back pain. He indicated that word finding and communication is becoming progressively worse. It is noted that he is responding partially with physical therapy treatment. The provider indicated adding Nortriptyline to the medication regimen that included Naproxen. He is temporarily totally disabled and is not working. The treatment and diagnostic testing to date has included: medications, and physical therapy. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.

Nortriptyline 10mg #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: As shared previously, this claimant was injured in 2012 with traumatic brain injury without loss of consciousness, sleep disturbance, memory disturbance, reactive myofascial pain cervical, thoracic and lumbar, and chronic low back pain. He indicated that word finding and communication is becoming progressively worse. It is noted that he is responding partially with physical therapy treatment. The provider indicated adding Nortriptyline to the medication regimen that included Naproxen. He is temporarily totally disabled and is not working. The treatment and diagnostic testing to date has included: medications, and physical therapy. 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 is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.