

Case Number:	CM15-0072279		
Date Assigned:	04/22/2015	Date of Injury:	03/09/2011
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 54-year-old male, who sustained an industrial injury on March 9, 2011. The injured worker was diagnosed as having cervical facet pain, right shoulder adhesive capsulitis and rotator cuff tendinitis, insomnia due to pain and right lateral epicondylitis. Treatment and diagnostic studies to date have included medications and magnetic resonance imaging (MRI). A progress note dated February 27, 2015 provides the injured worker complains of neck and right shoulder pain rated 8/10. He reports pain medication allows him to slightly increase activity. Physical exam notes right shoulder tenderness and decreased range of motion (ROM). The plan includes refill of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant medications Page(s): 13-15.

Decision rationale: The patient was injured on 03/09/11 and presents with neck pain and right shoulder pain. The request is for Nortriptyline 25 mg #30. The RFA is dated 03/12/15 and the patient is to return to modified work duty on 03/31/15. The patient has been taking this medication since 07/18/14. Regarding anti-depressants, MTUS Guidelines, page 13-15, chronic pain medical treatment guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." (Saarto-Cochrane, 2005) 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 patient is diagnosed with headaches, cervical facet pain, right shoulder adhesive capsulitis and rotator cuff tendinitis, insomnia due to pain, and right lateral epicondylitis. The 09/19/14 report states that the patient rates his pain as an 8/10 without medications and a 5/10 with medications. In this case, a prescription for Nortriptyline is first noted in progress report dated 07/18/14, and the patient has been taking the medication consistently at least since then. However, none of the progress reports document symptoms and diagnoses of depression and anxiety. The reports do not describe a clear diagnosis of neuropathy or insomnia for which this medication may be indicated as well. Furthermore, there is no discussion regarding efficacy, as required by MTUS. Therefore, the request is not medically necessary.