

<b>Case Number:</b>	CM15-0096580		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Emergency 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 42-year-old female who sustained an industrial injury on 07/01/2011 resulting in bilateral upper extremity pain/injury from cumulative trauma. Treatment provided to date has included bilateral carpal tunnel releases (3/2013 and 05/2014), psychological/psychiatric therapies and treatments, medications, and an unknown number of physical therapy sessions. Diagnostic tests performed include psychiatric/psychological testing. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/27/2015, physician progress report noted complaints of inability to sleep, excessive crying, and inability to function daily (showering, feeding children, going to class or withdrawing from classes due to lack of attendance). The physical exam revealed a visibly tired appearance with poor sleep (worse than last visit), remained depressed with a flat to blunted and apathetic expression, very guarded and tearful, cooperative with poor eye contact, fluent speech but soft and almost mumbling, continued hyper-verbal and circumstantial, not psychotic or manic, no suicidal or homicidal ideations, limited to fair insight and judgment, and occasionally gets out with sister but is otherwise homebound. The injured worker also noted eczema is worse with stress. The provider noted diagnoses of major depressive disorder and pain disorder. The injured worker remained totally temporarily disabled. Plan of care includes a continued psychological therapy, Nortriptyline for depression, pain and sleep, restart tramadol and Naproxen, supportive therapy with psycho education provided, and follow-up in one month. Requested treatments include Nortriptyline.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Nortriptyline 50mg with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested 60 Tablets of Nortriptyline 50mg with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has complaints of inability to sleep, excessive crying, and inability to function daily (showering, feeding children, going to class or withdrawing from classes due to lack of attendance). The physical exam revealed a visibly tired appearance with poor sleep (worse than last visit), remained depressed with a flat to blunted and apathetic expression, very guarded and tearful, cooperative with poor eye contact, fluent speech but soft and almost mumbling, continued hyper-verbal and circumstantial, not psychotic or manic, no suicidal or homicidal ideations, limited to fair insight and judgment, and occasionally gets out with sister but is otherwise homebound. The injured worker also noted eczema is worse with stress. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, 60 Tablets of Nortriptyline 50mg with 2 refills is not medically necessary.