Case Number:	CM15-0098727		
Date Assigned:	06/01/2015	**Date of Injury:**	10/3/2012
Decision Date:	06/30/2015	**UR Denial Date:**	04/21/2015
Priority:	Standard	**Application Received:**	05/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 10/03/2012. Diagnoses include right extensor tenosynovitis, left cervical radiculitis, cervical myofascial strain, right DeQuervain's, left lateral epicondylitis, left elbow pain and cervical facet arthropathy. Treatment to date has included 24 sessions of acupuncture, 24 sessions of chiropractic care and medications including Norco, Norflex, Prilosec, Relafen and Ketoprofen. EMG (electromyography) dated 6/06/2013 was read by the evaluating provider as a normal study. Magnetic resonance imaging (MRI) of the right wrist dated 7/26/2013 showed a volar radial carpal synovial/ganglion cyst without definite acute osseous, TFCC or ligamentous abnormality. MRI of the cervical spine dated 6/28/2013 multilevel degenerative disc disease and facet arthropathy with some central canal stenosis. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker with complaints of bilateral wrists and fingers of her right hands. Physical examination revealed hypertonicity of the left paraspinals at C3-7 and tenderness to palpation of right abductor pollicis longus and extensor pollicis brevis, pain over the lateral epicondyle and full range of motion except cervical extension left. The plan of care included electrodiagnostic testing, splinting and medications and authorization was requested for a universal thumb Spica, Ketoprofen 20%, Nortriptyline HCL 25mg #60. Tramadol/APAP 37.5/325mg #120 and Naproxen Sodium 550mg #60 that were dispensed on 3/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25 mg #60 dispensed 3/3/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 11-13.

Decision rationale: The California MTUS section on antidepressants states: SPECIFIC ANTIDEPRESSANTS: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. (Finnerup, 2005) Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatinum neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. (Dworkin, 2007) One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2008). The requested medication is a first line treatment option for neuropathic pain and therefore the request is medically necessary.