Case Number:	CM17-0008753		
Date Assigned:	01/17/2017	**Date of Injury:**	11/23/2016
Decision Date:	02/09/2017	**UR Denial Date:**	01/03/2017
Priority:	Standard	**Application Received:**	01/12/2017

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: Ohio,West Virginia,California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 35 year old male injured worker suffered an industrial injury on 11-23-2016. The diagnoses included concussion without loss of consciousness, post-concussion syndrome and post traumatic headaches. On 12-16-2016 the treating provider reported since the head injury he had short term memory difficulties and difficulty sleeping had headaches rated 6-8 out of 10 with nausea. He also had dizziness and feelings of imbalance with loud noises and bright lights that bother him. The provider noted a trial of Nortriptyline for the headaches and anxiety. On exam there was no abnormal findings. The Request for Authorization date was 12-22-2016. The Utilization Review on 1-3-2017 determined non-certification for Nortriptyline HCL 25mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Antidepressants for chronic pain, Tricyclics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), TCA's.

Decision rationale: CA-MTUS states that "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." The ODG states "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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." The available medical record indicates that this medication is being used for the treatment of headache and for sleep. This medication is only recommended for neuropathic pain and depression. The record does not document any diagnosis for which this medication would be an appropriate treatment. As such, the request for Nortriptyline HCL 25mg, #30 is deemed not medically necessary.