

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination  
(Corrected)**

February 19, 2014

Originally Mailed: 12/16/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/18/2013  
Date of Injury: 12/4/2006  
IMR Application Received: 8/12/2013  
MAXIMUS Case Number: CM13-0009862

- 1) MAXIMUS Federal Services, Inc. has determined the request for **prescription of Nortriptyline HCL 50mg is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **prescription of Nortriptyline HCL 50mg is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 50-year-old female injured on 12/04/2006 with the most recent clinical record dated 06/25/2013, when she saw [REDACTED] MD, stating that her current major impediment is anxiety, for which she has been better controlled with the recent use of nortriptyline. Her mechanism of injury was not specifically documented. Her physical examination showed her to be with complex regional pain syndrome with little movement of the right hand and discomfort about the shoulder with a "myofascial component." Recurrent working diagnosis was that of complex regional pain syndrome to the right upper extremity type I with severe depression and a third diagnosis of anxiety. Functional goals were to continue to improve her function and care. Medications were once again prescribed in the form of nortriptyline. At present, there is a request to continue with the prescription of nortriptyline 50 mg.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for prescription of Nortriptyline HCL 50mg:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Anti-Depressants, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-Depressants for Chronic Pain, pages 13 & 14, which is part of the MTUS.

Rationale for the Decision:

Based on the California MTUS Chronic Pain Medical Treatment Guidelines, continued use of this tricyclic antidepressant would appear warranted. Guideline criteria indicate that antidepressants for chronic pain would include tricyclics. They are generally considered a first-line agent. The employee is with current mental health diagnoses of both depression and anxiety related to the underlying injury and complex regional pain syndrome. The continued use of this agent, which appears to be quite beneficial given the employee's recent clinical progress report, would be medically necessary. **The request for a prescription of Nortriptyline HCL 50mg is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.