

Case Number:	CM13-0019609		
Date Assigned:	10/11/2013	Date of Injury:	09/30/2004
Decision Date:	01/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who reported an injury on 09/30/2004. The patient is currently diagnosed with status post lumbar surgery, facet arthropathy of the lumbar spine, retrolisthesis at L1-2 thru S1, disc extrusion at L1-2, canal stenosis of the lumbar spine, and neural foraminal narrowing at bilateral L1 thru S1. The patient was recently seen by [REDACTED] on 09/18/2013. The patient reported 5/10 lower back pain with numbness to the left lower extremity. The patient was status post medial branch block with 80% improvement. The patient is currently taking Norco and Pamelor. Physical examination revealed no acute distress, normal and nonataxic gait, limited range of motion of the cervical and lumbar spine, tenderness to palpation of bilateral paraspinal region at L4 thru S1, diminished sensation at L3, L4, L5 and S1 dermatomes and diminished strength. Treatment recommendations included continuation of nortriptyline and authorization request for a lumbar rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Pamelor 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration and psychological assessment. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no indication of subjective or objective findings consistent with neuropathic pain. Guidelines support the use of tricyclic antidepressants for neuropathic pain, non-neuropathic pain is generally treated with analgesics and/or anti-inflammatories. Based on the clinical information received, the request is noncertified.