

Case Number:	CM13-0056096		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2005
Decision Date:	08/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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 injured worker is a 58-year-old male with a reported date of injury on 06/29/2005. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar radiculopathy, lumbar stenosis, and lumbar spondylosis without myelopathy. His previous treatments were noted to include an H-wave and medications. The progress note dated 10/22/2013 revealed the injured worker complained of pain to his lower back that radiated into his bilateral legs. The injured worker reported that without pain medications, his pain level would be at a 9/10 and with pain medications his level would be 7/10. The injured worker reported a functional improvement in his activities of daily living as he was able to clean his house, drive, and do grocery shopping as he wouldn't have been able to do without pain medications. The physical examination revealed a positive straight leg raise to the right, palpable spasms to the right paraspinal musculature with positive twitch response, and mild pain with lumbar flexion and extension. The injured worker's medication regimen included gabapentin 60 mg 2 tablets 3 times a day, Mobic 15 mg 1 tablet daily, Nortriptyline 25 mg 1 tablet daily, Omeprazole 20 mg, and Percocet 10/325 mg one 4 times a day. The request for authorization form dated 10/28/2013 was for an increase Nortriptyline to 50 mg at bedtime #30 for neuropathic pain and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORTRIPTYLINE 50 MG #30: 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.

Decision rationale: The request for one prescription of Nortriptyline 50 MG #30 is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a first few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation would be addressed. The injured worker complained of low back pain that radiated to his bilateral legs. The injured worker described the pain as constant, burning, tingling, aching, and weakness. The injured worker has been utilizing this medication for neuropathic pain which is indicated by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

UNKNOWN SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for unknown sessions of Physical Therapy is not medically necessary. The injured worker has received physical therapy session in the past. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines state for myalgia and myositis, the recommended number of sessions is 9 to 10 visits over 8 weeks. The injured worker has completed physical therapy however, there is an undocumented number of sessions and there is a lack of documentation regarding current measurable objective functional deficits. There is also a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. Therefore, due to the lack of current measurable objective functional deficits and

quantifiable objective functional improvements with previous physical therapy, as well as the number of previous sessions, physical therapy is not warranted at this time. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.