

Case Number:	CM14-0009923		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2010
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 patient is a 35-year-old female who has submitted a claim for HNP at C5-C6 with canal stenosis, cervical and lumbar myofascial pain, HNP with bilateral foraminal stenosis at L3-4 and L4-5, medication-induced gastritis and right sacroiliitis associated with an industrial injury date of 1/5/10. The medical records from 2013 were reviewed which revealed persistent right hip, neck, mid back and low back pains. The pain scale of the back and leg was 8/10. The neck pain was rated 5/10. She improved with her activities including, sitting, standing and walking with chiropractic therapy. The physical examination showed mildly antalgic gait. There was SI tenderness noted. The FABER and Gaenslen tests were positive. An X-ray of the right hip and pelvis, dated 10/11/12, showed inferior spurring of the SI joint and mild DJD of the SI joint. There were no obvious fractures noted. An MRI of the pelvis, dated 10/11/12, reported fluid intensity collection or mass in the posterior pelvis. There was no evidence for acute osseous, labral, tendinous or muscular signal abnormality. The treatment to date has included chiropractic therapy and SI joint injections. Medications that are taken include: Norco, Zanaflex, Elavil, Capsaicin, Senna one and topical terocin cream. Effect of this class of medication in combination with other classes of drugs has not been well researched.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTRIPTYLINE HCL 25 MG CAPSULE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.20 - 9792.26, Specific Antidepressants Section Page(s): 15.

Decision rationale: As stated on page 15 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tricyclic antidepressants are recommended as first-line treatment for neuropathic pain. This class of medication works in both patients with normal mood and depressed mood when used in treatment for neuropathic pain. In this case, the patient was prescribed Nortriptyline HCL 25 mg, a tricyclic antidepressant, since 10/1/13. However, based from the progress notes dated 12/3/13, pain was not neuropathic in nature. The Guidelines specifically recommend tricyclic antidepressant for neuropathic pain. The medical necessity of the requested drug was not established. Therefore, the request for Nortriptyline HCL 25 mg capsule #60 is not medically necessary.