

Case Number:	CM14-0115256		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2007
Decision Date:	10/02/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on July 12, 2007. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of low back pain and left knee pain with numbness and tingling in the left lower extremity. The physical examination demonstrated tenderness of the cervical spine paravertebral muscles with spasms. There was an antalgic gait and tenderness over the lumbar spine paraspinal muscles. There was a positive left sided straight leg raise test and decreased sensation at the left L5 and S1 nerve distributions. The examination the left knee noted crepitus with range of motion and tenderness at the medial and lateral joint line. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery, right thumb surgery, right knee surgery, a carpal tunnel release, a lumbar spine epidural steroid injection, and a Hyalgan injection for the right knee. A request had been made for Nortriptyline and Voltaren gel and was not medically necessary in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10 mg. qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14,122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: The California MTUS Guidelines support the use of Tricyclic Antidepressants such as Nortriptyline in chronic pain management and consider Tricyclic's a first-line option in the treatment on neuropathic pain. The progress note dated May 9, 2014, indicates that the injured employee has radicular symptoms of the left lower extremity. As such, this request for Nortriptyline is not medically necessary.

Voltaren Gel 1% qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory or if they are unable to tolerate these medications. Considering this, the request for Voltaren gel is not medically necessary.