

<b>Case Number:</b>	CM14-0140751		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Pain Management 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 51-year-old male with a date of injury on September 18, 2013. He has history of lumbar muscle strain and lumbar radiculopathy. Per the most recent records dated August 6, 2014, the injured worker presented complaints of ongoing moderate-to-severe low back pain which he felt that his muscle pain was getting worse. The pain was now higher in his back and upper back. His pain was constant and worsens with bending and kneeling. He reported that he has had 18 sessions of therapy and 12 sessions of chiropractic therapy which only helped a little. The objective examination of the lumbar spine noted tenderness of the lumbar paraspinal muscles, bilaterally. The range of motion was limited in all planes. A previous magnetic resonance imaging (MRI) of the lumbar spine dated December 9, 2013 noted no evidence for a disc extrusion or neural compression. There is moderate degenerative disc at the T11-T12 level with mild central stenosis. He has tried gabapentin, anti-inflammatory medications, and Tylenol but these did not help his pain. He was made permanent and stationary on May 30, 2014 with 8% whole person impairment rating and future medical care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline (Aventyl/Pamelor) 10mg #105:** 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 Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** Nortriptyline (amitriptyline) is classified under the antidepressant medications that are considered as the first line of treatment for neuropathic pain and possibly non-neuropathic pain. In this case, based on the records presented there is no indication that the pain being experienced by the injured worker is neuropathic in nature. To substantiate this, the Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by lancinating, electric-shock like, paroxysmal, tingling, numbing, and burning sensations which the injured worker does not have. Therefore, the medical necessity of the requested Nortriptyline (Aventyl/Pamelor) 10mg #105 is not established. As such, this request is not medically necessary.