

Case Number:	CM14-0029376		
Date Assigned:	06/20/2014	Date of Injury:	06/11/2013
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 General Surgery and is licensed to practice in Texas. 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 61 year old male who sustained a industrial related injury while lifting on 6/11/13. The claimant is noted to have low back pain with radicular symptoms down his left leg on exams through 8/15/13. A MRI of the lumbar spine of 8/4/13 revealed Left L45 disc protrusion with marked Lateral recess stenosis of the Left L4 nerve root which corroborates the Lumbar radiculopathy of the physical exam. The claimant has had conservative care including physical therapy which reportedly provided 90% benefit. However, on the most recent exam 1/24/14 the claimant was found on physical exam to have 4/5 motor weakness of the left tibialis anterior and extensor hallis longus. The claimant has complained of left leg numbness, low back pain and left leg radicular pain for which the claimant has been prescribed medications, additional physical therapy and possible injection therapy. The request is for Nortriptyline 25mg by mouth every night x 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Nortriptyline HCl 25 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Tricyclics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants.

Decision rationale: The claimant is noted to have lumbar radiculopathy with chronic pain following an alleged industrial/work injury of 6/11/2013. The claimant was prescribed Nortriptyline daily for the treatment of chronic pain. The request did not mention EKG. While this is recommended, it is not an absolute requirement in order to start an antidepressant. Both California Medical Treatment Utilization Schedule Guidelines (CAMTUS) and ODG holds that tricyclic antidepressants are first-line medication for the treatment of chronic neuropathic pain. Therefore the Nortriptyline is medically necessary.