

Case Number:	CM14-0181764		
Date Assigned:	11/07/2014	Date of Injury:	05/02/2013
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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 23-year-old male who sustained an injury to his lower back on 5/2/13. He currently complains of low back pain which radiates into his right thigh and calf. Records indicate that he is currently not taking any oral medications or creams. He has failed at a course of chiropractic and acupuncture. MRI dated 1/9/14 reveals DDD and facet arthropathy with retrolisthesis from L2/3 through L5/S1. Treating physician report dated 9/14/14 indicates decreased lumbar range of motion, decreased sensation L3, L4 dermatomes on the right, and weakness in the psoas, quads, hamstrings, TA, EHL, inversion/eversion and plantar flexors. The current diagnoses are: Lumbar radiculopathy, Right hip arthralgia and multilevel disc herniation and severe stenosis. The utilization review dated 10/21/14 denied the request for Nortriptyline HCL 2mg, cap #60 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25mg, cap #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The injured worker has persistent lower back pain which radiates into the right thigh and calf. The request is for Nortriptyline HCL 2mg, cap #60. The MTUS guidelines recommend tricyclic antidepressants for chronic neuropathic pain. It is recommended that outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Therefore, this request is medically necessary.