

<b>Case Number:</b>	CM15-0136805		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 68-year-old male who sustained an industrial injury on 2/6/2009 resulting in low back pain with reduced range of motion. He was diagnosed with intractable lumbar pain, degenerative disc disease of the lumbar spine, radiculitis left lower extremity-S1 nerve root, and neuropathic pain. Documented treatment has included L5-S1 interlaminar epidural steroid injections with 75 percent relief enabling him to reduce medication intake; and, transdermal and oral medication. The injured worker continues to present with low back pain radiating down bilateral extremities, but worse on the left. The treating physician's plan of care includes Nortriptyline 50mg. Current work status not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 50mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The patient was taking Nortriptyline for chronic radicular pain, which was well controlled. However, his insomnia was still a problem, so his provider changed him to Amitriptyline, which is helping with both pain and insomnia. MTUS Guidelines do not support the patient being on two tricyclic antidepressants. However, the provider states the request for Nortriptyline was made in error and withdrawn. Therefore, the request for Nortriptyline is no longer medically necessary.