

Case Number:	CM15-0138494		
Date Assigned:	07/28/2015	Date of Injury:	02/28/2003
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 (IW) is a 57-year-old male who sustained an industrial injury on 02/28/2003. Diagnoses include degeneration of lumbar discs, lumbar radiculitis, c low back pain, and other chronic pain. Treatment to date has included medications and activity modification. In a progress note of 6/17/15, he reported constant low back pain of 7-8/10, which was somewhat worse since his last visit, with trouble sleeping and sharp pains. He also reported sudden sharp pains in the back, which had changed since his last visit. Medications included Anaprox DS, clopidrogel, atorvastatin, metoprolol, Aleve prn, and nortriptyline 10mg QD. A request was made for Nortriptyline 10mg, #30. UR of 07/01/15 requested additional records, none were provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #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): 13-14 of 127.

Decision rationale: Per CA-MTUS, tricyclic antidepressants (such as nortriptyline) are recommended as first line agents unless they are ineffective, poorly tolerated, or contraindicated, with analgesia occurring within a few days to a week. Nortriptyline is referred to in the progress note of 06/17/15, but there is no report of efficacy or assessment for side effects. No further documentation was provided as requested in UR of 07/01/15. This request is not medically necessary.