

<b>Case Number:</b>	CM15-0195089		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male who sustained an industrial injury on 10-8-08. The impression is noted as low back pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar post laminectomy pain syndrome, thoracic spine fracture, chronic pain syndrome, and history of lumbar fusion L3-L5. In a progress report dated 9-10-15, the physician notes complaint of low back pain radiating to the bilateral lateral legs, intermittent spasm, and numbness and tingling. Per the record, he is taking Percocet four a day, Nortriptyline 25mg twice a day and Effexor 37.5mg twice a day, with good relief and tolerating it well. Pain level is rated at 8 out of 10 without medication and 3 out of 10 with medication. Functional improvements with medication are noted as he takes care of his children, does chores around the house and stays active. Objective exam notes some palpable spasm in the upper lumbar spine, tenderness L4-S1, range of motion is 40 degrees of flexion, 15 degrees of extension and he has pain with both. Sensation is reported as decreased in the lateral thighs. He is noted to be positive for depression and insomnia. It is noted the urine drug screens are necessary to evaluate use of his narcotic medication. The urine toxicology screen dated 4-23-15 was inconsistent and positive for Nortriptyline and the declared prescription is noted as Oxycodone, which was consistent. The progress report dated 4-14-15 notes he was taking Nortriptyline. Urine toxicology screen done 6-11-15 is noted to be consistent with Oxycodone and Nortriptyline. The urine toxicology screen report dated 9-16-15 reveals a positive-inconsistent result for Meprobamate. Previous treatment includes surgery, medications (Nortriptyline since at least 4-14-15), and CURES report 3-9-15 and 8-5-15. The requested treatment of Pamelor 25mg #60 with 3 refills and urine drug screen performed on 9-10-15 was non-certified on 9-22-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 25mg, #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Nortriptyline Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in October 2008 and underwent a multilevel lumbar fusion. He continues to be treated for low back pain with lower extremity radicular symptoms. In March 2015, he had discontinued use of Lyrica and Cymbalta and felt he was becoming more depressed. He had previously taken nortriptyline, which had significantly helped with neuropathic pain. When seen, medications were decreasing pain from 8/10 to 3/10 and with improved ability to perform household activities and provide care for his children. Physical examination findings included a body mass index over 28. There was lumbar tenderness with muscle spasms. He had decreased and painful lumbar spine range of motion. There was decreased lower extremity sensation and an antalgic gait. Urine drug screening results from June 2015 were reviewed and were consistent with the prescribed medications. Percocet, nortriptyline, and Effexor were prescribed. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. Dosing of Pamelor (nortriptyline) for neuropathic pain can start as low as 25 mg and, in many people, low doses are enough to control the symptoms of pain. In this case, the claimant has neuropathic pain, the dosing is within guideline recommendations, and medications are reported as providing pain relief with improved function. Ongoing prescribing was medically necessary.

**Urine drug screen (UDS) performed on 9/10/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

**Decision rationale:** The claimant sustained a work injury in October 2008 and underwent a multilevel lumbar fusion. He continues to be treated for low back pain with lower extremity radicular symptoms. In March 2015, he had discontinued use of Lyrica and Cymbalta and felt he was becoming more depressed. He had previously taken nortriptyline, which had significantly

helped with neuropathic pain. When seen, medications were decreasing pain from 8/10 to 3/10 and with improved ability to perform household activities and provide care for his children. Physical examination findings included a body mass index over 28. There was lumbar tenderness with muscle spasms. He had decreased and painful lumbar spine range of motion. There was decreased lower extremity sensation and an antalgic gait. Urine drug screening results from June 2015 were reviewed and were consistent with the prescribed medications. Percocet, nortriptyline, and Effexor were prescribed. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening three months before was consistent with the medication prescribed. In this case, the claimant would be considered at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening less than one year after the previous testing is not considered medically necessary.