

Case Number:	CM15-0208132		
Date Assigned:	10/27/2015	Date of Injury:	12/03/2012
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old male, who sustained an industrial injury on December 3, 2012, incurring low back injuries. Lumbar Magnetic Resonance Imaging revealed lumbar fracture, spinal canal stenosis, and disc protrusion. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis, lumbar facet fracture and lumbar radiculopathy. Treatment included 12 sessions of physical therapy with little relief, home exercise program, epidural steroid injection, pain medications, neuropathic medications, muscle relaxants, antidepressants and modified work duties. Currently, the injured worker complained of persistent low back pain radiating into the left lower extremity. He rated his pain level 2 to 7 out of 10. The pain was described as aching and sharp. The pain improved with rest and medications and worsened with overuse. The treatment plan that was requested for authorization included prescriptions for Gabapentin 300 mg #30 with 2 refills and Nortriptyline Hydrochloride 25 mg #30 with 2 refills. On October 8, 2015, a request for prescriptions for Gabapentin and Nortriptyline was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam notes provided do not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore, medical necessity has not been established, the request is not medically necessary and determination is for non-certification. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.

Nortriptyline Hydrochloride 25mg quantity 30 with two refills: Upheld

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 rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Part 2 Pain Interventions and Treatments, Amitriptyline is "Recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references." Under the CA MTUS section Antidepressants for chronic pain, it states that: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Per CA MTUS guidelines, antidepressants are recommended as a first-line option for neuropathic pain, especially if accompanied by insomnia, anxiety or depression. In this case, the medical notes provided do not show that this patient has a diagnosis of neuropathic pain accompanied by insomnia, anxiety or depression. As this patient does not meet CA MTUS guidelines for the use of a tricyclic antidepressant, the request is not medically necessary and the recommendation is for non-certification.