

Case Number:	CM15-0211284		
Date Assigned:	10/30/2015	Date of Injury:	02/25/2008
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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 41 year old male, who sustained an industrial injury on February 25, 2008. He reported lower back pain. The injured worker was diagnosed as having lumbar disc displacement and lumbosacral spondylosis. Treatment to date has included diagnostic studies, surgery, physical therapy, medication, exercise and medications. On August 25, 2015, the injured worker complained of back pain with stiffness and radicular pain in the bilateral legs. He rated the pain as a 6-7 on a 1-10 pain scale. He was noted to have clinical depression. A behavior evaluation indicated that he has axis I pain disorders associated with both psychological factors and general medical conditions, chronic, major depression disorder, recurrent, severe without psychotic features, sleep disorder due to chronic pain, insomnia-type. The treatment plan included a weighted MRI, follow-up visit, Colace, Cymbalta, Gabapentin, Inderal, Norco, nortriptyline and tizanidine. On September 30, 2015, utilization review denied a request for Colace 250mg #60 with 3 refills. A request for Nortriptyline 25mg #90 with 3 refills was modified to Nortriptyline 25mg #90 with one refill only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg, twice per day, #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in February 2008 and is being treated for chronic low back pain with lower extremity radiating symptoms. In September 2015, he noted substantial benefit with medications. He had pain rated at 6/10. Medications included Avinza and Norco and MiraLAX, and Colace were being prescribed. Physical examination findings included a body mass index of 35. He was uncomfortable when walking and had difficulty transitioning positions. He had lumbar tenderness. There was decreased upper extremity and lower extremity strength and lower extremity sensation. There were trigger points and sacroiliac joint tests were positive. Diagnoses included major depressive disorder and lumbar radiculitis. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant continues to take extended release morphine and Norco. Providing Colace for the treatment of opioid induced constipation is considered medically necessary.

Nortriptyline 25mg, 3 pills every night, #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Antidepressants for chronic pain.

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 February 2008 and is being treated for chronic low back pain with lower extremity radiating symptoms. In September 2015, he noted substantial benefit with medications. He had pain rated at 6/10. Medications included Avinza and Norco and MiraLAX, and Colace were being prescribed. Physical examination findings included a body mass index of 35. He was uncomfortable when walking and had difficulty transitioning positions. He had lumbar tenderness. There was decreased upper extremity and lower extremity strength and lower extremity sensation. There were trigger points and sacroiliac joint tests were positive. Diagnoses included major depressive disorder and lumbar radiculitis. 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 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 both neuropathic pain and depression and medications are referenced as providing improvement. He has been managed with this medication on a long-term basis. Ongoing prescribing of Nortriptyline was medically necessary.