

Case Number:	CM15-0219514		
Date Assigned:	11/12/2015	Date of Injury:	07/06/2011
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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:

This is a 49 year old male with a date of injury of July 6, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain, discogenic lower back pain, radicular symptoms in the bilateral legs, and bilateral S1 radiculitis. Medical records dated August 13, 2015 indicate that the injured worker complained of lower back pain and extremity pain rated at a level of 8 out of 10 and 6 out of 10 with medications, and that she was worse. A progress note dated October 5, 2015 documented complaints similar to those reported on August 13, 2015. Per the treating physician (October 5, 2015), the employee was working with restrictions that included no lifting over ten pounds and no repetitive bending. The physical exam dated August 13, 2015 reveals tenderness of the lumbar paraspinal muscles and in the facets more on the right, decreased extension of the lumbar spine, decreased sensation on the lateral and posterior legs worse on the left, lower back pain with Patrick's bilaterally, and positive straight leg raise on the left. The progress note dated October 5, 2015 documented a physical examination that showed no changes since the examination performed on August 13, 2015. Treatment has included medications (Ibuprofen and Flexeril), transforaminal lumbar epidural steroid injection, chiropractic treatments, physical therapy, and acupuncture. Urine drug screen results were not documented in the submitted records. The utilization review (October 13, 2105) non-certified a request for Nortriptyline 25mg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007). This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. (Finnerup, 2005) Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. (Dworkin, 2007) One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2008). The patient has discogenic pain with radicular (neuropathic) pain symptoms. Therefore, this is a first line agent of choice and the request is medically necessary.