

Case Number:	CM15-0222221		
Date Assigned:	11/17/2015	Date of Injury:	07/06/2011
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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 49-year-old female, who sustained an industrial injury on 7-6-11. The injured worker has complaints of low back and extremity pain. The injured worker has aching pain in the low back, which radiates to the posterior and lateral legs with numbness and tingling and aching and burning. The injured worker has positive straight leg on the left. The documentation noted that the injured worker is mildly depressed. The diagnoses have included chronic low back pain; discogenic low back pain and radicular symptoms in bilateral legs. Treatment to date has included lumbar epidural injection on 9-15-15; ibuprofen; flexeril; physical therapy six sessions completed greater than a year ago with good improvement, but plateaued; chiropractic greater than a year ago, improvement, but plateaued and acupuncture increased pain. The documentation noted that a prescription for nortriptyline was written for pain and sleep at bedtime. The original utilization review (10-13-15) non-certified the request for pamelor (nortriptyline) 25mg, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor (Nortriptyline) 25mg, #60 with 3 refills: Upheld

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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Pamelor prescribing information.

Decision rationale: The claimant sustained a work injury in July 2011 when, while working as a technician, she was lifting electrical components and had sharp low back pain. She had physical therapy and chiropractic care which was helpful. She had a recurrence of symptoms and an MRI showed findings of a right lateralized L4/5 disc herniation. Electrodiagnostic testing in July 2015 showed findings of bilateral chronic S1 radiculitis. Bilateral S1 transforaminal epidural injections were done in September 2015. When seen in October 2015 she was having more pain since the injection and felt weaker. She initially had a headache that had resolved. She was having low back pain radiating into the legs. Medications were ibuprofen and Flexeril. Review of systems was positive for depression, anxiety, and insomnia. Physical examination findings included lumbar paraspinal tenderness with decreased range of motion. There was decreased lower extremity sensation with positive straight leg raising. Nortriptyline 25 mg #60 with three refills was prescribed for pain and sleep. Follow-up in one month for reevaluation was planned. 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 (Pamelor) for neuropathic pain can start as low as 25 mg and, in many people low doses are enough to control the symptoms of pain. The claimant has neuropathic pain due to radiculopathy and also has signs of depression and nortriptyline would be an appropriate medication for this as well. However, a four month supply was provided and a reassessment was planned in one month. An assessment for efficacy and side effects would be expected at that time. For this reason, prescribing nortriptyline with three refills cannot be accepted as being medically necessary.