

<b>Case Number:</b>	CM15-0224545		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female with an industrial injury date of 01-14-2014. Medical record review indicates she is being treated for neck pain, low back pain, moderate lumbar spinal stenosis and lumbar discogenic pain. Subjective complaints (10-28-2015) included low back pain radiating to the left buttock with aching and pins and needles. The treating physician noted the injured worker is using Norco and Nortriptyline with good relief and tolerating it well. The treating physician also documented Nortriptyline "has been helpful for pain and sleep." Pain levels are rated as 8 out of 10 without medication and 2-3 out of 10 with medication. The treating physician documents functional improvement with the medication as the injured worker is exercising, walking, stretching and do household chores. "She is not working as there is no modified duty." Current medications included Norco, Adderall, Lexapro, ReQuip, Sumatriptan, Zoloft, Xanax and Butrans. Previous medications tried and failed included Tramadol (no benefit) and Gabapentin (caused migraines.) Prior treatment included chiropractic, physical therapy, acupuncture, epidural steroid injection and greater trochanter injection. Physical exam noted tenderness in paraspinal muscles in the lower lumbar spine. The treating physician documented CURES (10-27-2015) were consistent. Urine toxicology screen (09-30-2015) was positive for amphetamine and Norco. On 11-06-2015 the request for Nortriptyline 25 mg # 30 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 25mg #30: 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): Antidepressants for chronic pain.

**Decision rationale:** The current request is for NORTRIPTYLINE 25MG #30. Prior treatment included chiropractic, physical therapy, acupuncture, epidural steroid injection, medications and a greater trochanter injection. The patient is not working. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15: 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. (Saarto-Cochrane, 2005) MTUS further states, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Per report 10/28/15, the patient presents with low back pain radiating to the left buttock with pins and needles sensation. The patient is utilizing Norco and Nortriptyline with good relief. The treating physician documented that Nortriptyline "has been helpful for pain and sleep." Pain is 8/10 without medication and 2-3/10 with medication. The patient reports functional improvement with medications, and states she is able to continue exercising, walking, stretching and doing household chores. The patient has been utilizing Nortriptyline for her radiating pain down to the lower extremities since at least 08/27/15. The treater states that Nortriptyline reduces pain and helps her to sleep better. With medications she is able to stay active, exercise and participate in household chores. Pain is reduced on average 5 points with the use of this medication. Given the patient's radicular symptoms and the treater's discussion regarding analgesia and functional improvement, continued use is supported. Therefore, the request IS medically necessary.