

Case Number:	CM15-0033895		
Date Assigned:	02/27/2015	Date of Injury:	02/03/2003
Decision Date:	05/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 53 year old male with an industrial injury dated February 3, 2003. The injured worker diagnoses include post laminectomy syndrome, post-operative bilateral laminectomy at L4-L5 with facetectomy for nerve root decompression, exploration of fusion, bilateral laminotomy and partial facetectomy for nerve root decompression at L3-L4 with pedicle screw instrumentation at L4-L5 left and bilateral posterolateral fusion at L4-L5 with local bone autograft and demineralized bone matrix (DBM) strips allograft with implantation of bone growth and stimulator on 7/8/2014. He has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/07/2015, the injured worker reported low back pain and bilateral lower extremities with radicular pain. The injured worker also reported right leg pain to foot. Objective findings revealed tenderness to palpitation on the lower lumbar spine with reduced range of motion. The treating physician noted that the bilateral straight leg test was greater on the right. The treating physician prescribed Nortriptyline 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25 mg, ninety count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 22, 63 - 66, 68 - 69 and 78 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA.

Decision rationale: Nortriptyline is a TCA (tricyclic antidepressant). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG 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, Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." MTUS state regarding antidepressants for pain 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. The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Nortriptyline 25 mg, ninety count with three refills is not medically necessary.