

Case Number:	CM15-0040987		
Date Assigned:	03/11/2015	Date of Injury:	10/17/2012
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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 51 year old female, who sustained an industrial injury on 10/17/2012. She reported a trip and fall, injuring her lower back. The injured worker was diagnosed as having lumbar herniated nucleus pulposus at lumbar 5 to sacral 1 and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging, epidural steroid injections, chiropractic therapy and medication management. Currently, a progress note from the treating provider dated 12/16/2014 indicates the injured worker reported low back pain with right lower extremity symptoms. Surgical intervention was recommended to the injured worker with medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Nortriptyline Hydrochloride 25 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Sedating antidepressants.

Decision rationale: This patient has a date of injury of 10/17/14 and presents with back, right hip and right lower extremity pain. The Request for Authorization is not provided in the medical file. The current request is for 60 CAPSULES OF NORTRIPTYLINE HYDROCHLORIDE 25MG. The MTUS page 13 states, "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." For insomnia, ODG guidelines under its Pain Chapter, states "Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." The patient has been utilizing this medication since 09/02/14. The patient reports that Nortriptyline reduces radicular pain and improves sleep. In this case, the patient is prescribed this medication in accordance with MTUS and ODG guidelines. Furthermore, the treating physician has continually documented this medication's efficacy. This request IS medically necessary.

30 Tablets of Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 10/17/14 and presents with back, right hip and right lower extremity pain. The Request for Authorization is not provided in the medical file. The current request is for 30 TABLETS OF CYCLOBENZAPRINE 75MG. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been using this medication since 11/4/14. The treating physician notes that muscle spasms are decrease and manageable with the use of Cyclobenzaprine. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been prescribed for long term use, recommendation cannot be made. This request IS NOT medically necessary.

1 Jar of compound medication (Ketoprofen 20%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 10/17/14 and presents with back, right hip and right lower extremity pain. The Request for Authorization is not provided in the medical file. The current request is for 1 JAR OF COMPOUND MEDICATION KETOPROFEN 20%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The treating physician states that Ketoprofen cream is to decrease her oral medication intake. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Recommendation for further use cannot be made. This request IS NOT medically necessary.