

Case Number:	CM15-0056178		
Date Assigned:	04/01/2015	Date of Injury:	11/12/2013
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/24/2015

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, 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 27-year-old male, who sustained an industrial injury on November 12, 2013. He reported back pain. The injured worker was diagnosed as having lumbar radiculopathy, thoracic sprain/strain and lumbar disk extrusion L5-S1 contacting right S1 nerve root. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic treatment and epidural steroid injection. On January 29, 2015, the injured worker complained of back pain rated as a 7 on a 1-10 pain scale. He reported occasional numbness in his bilateral lower extremities to the posterior knee. He also has occasional cramping in his lower back. His activity continues to be limited by pain. The treatment plan included exercises, medication and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #120 (dispensed by MD): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Nortriptyline is a tricyclic anti-depressant (TCA). Regarding the request for this tricyclic antidepressant(TCA), the CPMTG state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is documentation at least as late as November 2014 indicates the patient was getting benefit from Pamelor. There is another note afterwards on date of service January 29, 2015 which states that the patient self-discontinued nortriptyline due to mood swings and side effects. Therefore, continuation of this medication is not appropriate, and this request is not medically necessary.

Orphenadrine 100mg #60 (dispensed by MD): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: In regard to the request for orphenadrine, Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex (Orphenadrine), the guidelines state: "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In the submitted medical records available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In fact, the patient has been on this medication since 9/16/14 and each month is renewed including through 1/29/15. Given this, the currently requested orphenadrine is not medically necessary.