

<b>Case Number:</b>	CM15-0056676		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/26/1999
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 7/26/1999. Diagnoses include spinal/lumbar degenerative disc disease. Treatment to date has included surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported lower backache. Pain is rated as 4/10 with medications and 9/10 without medications. Physical examination revealed an antalgic, stooped gait. Examination of the lumbar spine revealed surgical scars. There was restricted range of motion and tenderness upon palpation of the paravertebral muscles with hypertonicity and tenderness and pain worse on the right side of the low back. Low back pain was worse with extension and radiating pain was worse with flexion. Straight leg raise was positive on the right side at 70 degrees while sitting and lumbar facet loading was positive on the right. The plan of care included medications and authorization was requested for Avinza, Colace, Nortriptyline and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline HCl 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 7/26/1999. The medical records provided indicate the diagnosis of spinal/lumbar degenerative disc disease. Treatment to date has included surgical intervention and medications. The medical records provided for review do indicate a medical necessity for Nortriptyline HCl 50mg #60. Nortriptyline is a tricyclic antidepressant. The MTUS recommends the use of Tricyclics antidepressants Tricyclics as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The records reviewed indicate pain reduction and functional improvement with the use of this medication; there is no documented report of side effects or contraindications. Therefore the request is medically necessary.