

<b>Case Number:</b>	CM15-0065864		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, New York, California  
 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 8, 2009. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for nortriptyline (Pamelor), Norco, a pain psychology consultation, and interventional pain management follow-up visits. The claims administrator did partially approve a request for an unspecified amount of interventional pain management follow-up visits as one interventional pain management follow-up visit and likewise partially and conditionally approved a request for psyche consult as a pain psychology consultation x1. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed microdiscectomy surgery. The applicant was using Norco, Relafen, Pamelor, Ultracet, and Tylenol #3, it was reported. The attending provider stated that the applicant's medications were beneficial but acknowledged that the applicant had last worked in May 2009. 9/10 pain complaints were reported in another section of the note. Standing, walking, and driving remained problematic. Multiple medications were renewed. The applicant was asked to consult a pain management physician. In a RFA form seemingly dated February 4, 2015, an interventional pain management follow-up, Pamelor and Relafen were sought without much in the way of supporting rationale or supporting commentary. In an applicant questionnaire dated December 18, 2014, the applicant himself acknowledged that he was not working, despite ongoing Norco, Pamelor, ketoprofen, and tramadol usage. The applicant acknowledged that sitting, standing, walking, and sleeping all remained problematic, despite ongoing medication consumption.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline HCL 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as nortriptyline are indicated in the treatment of neuropathic (AKA radicular) complaints of pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off work and had apparently not worked in over five years, it was noted in late 2014. The applicant reported severe back pain of 9/10 range on December 18, 2014. The applicant was apparently having difficulty performing activities of daily living as basic as sitting, standing, walking, and sleeping, it was further noted above. Ongoing usage of nortriptyline (Pamelor) had failed to curtail the applicant's dependence on opioid agents such as Norco, Tylenol #3, and Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of nortriptyline. Therefore, the request was not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider's documentation and progress note of December 18, 2014 suggested that the applicant was using three different short-acting opioids, Ultracet, Norco, and Tylenol #3. Such usage, was/is, however, incompatible with the position set forth on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. It is further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which included evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. Here, however, the applicant reported 9/10 pain complaints on December 18, 2014. The applicant was off of work and had not worked in over five years. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking, it was reported above. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

**Psyche Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** The ACOEM Practice Guidelines states that if symptoms become disabling despite primary care intervention and/or persist beyond three months, referral to a mental health professional is indicated. Here, the applicant was described as having various chronic pain issues with possible superimposed depressive symptoms on December 18, 2014. The applicant had symptoms including decreased appetite, feeling tired, poor sleep, etc. Obtaining the added expertise of a mental health professional to determine the presence or absence of any psychiatric component to the applicant's complaints was, thus, indicated. Therefore, the request was medically necessary.

**Interventional Pain Management Follow-Ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The ACOEM Practice Guidelines does acknowledge that frequent follow-up visits are 'often warranted' for monitoring purposes in order to provide structure and reassurance to even those applicant's whose conditions are not expected to change appreciably from week to week, here, however, the request was ambiguous, open-ended, and did not clearly state how many visits were being sought and/or at what frequency the office visits were intended. The request, thus, as written, cannot be supported. Therefore, the request was not medically necessary.