

Case Number:	CM13-0007383		
Date Assigned:	09/06/2013	Date of Injury:	10/26/2011
Decision Date:	02/07/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services.

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 patient is a 33-year-old male who reported an injury on 10/26/2011. The patient is currently diagnosed with cervical pain, cervical radiculopathy, lumbar radiculopathy, cervical strain, pain in a joint of the lower leg, and low back pain. The patient was seen by [REDACTED] on 07/05/2013. Physical examination revealed restricted range of motion of the cervical and lumbar spine, tenderness at the rhomboids and trapezius muscles, tenderness to the paravertebral muscles, tight muscle banding, and positive straight leg raising on the right. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Nortriptyline HCL 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation

of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. As per the clinical notes submitted, the patient had continuously utilized 2 different antidepressants. Despite the ongoing use, the patient continued to report increased pain level and poor sleep quality. The patient's physical examination does not reveal significant neurological deficit. The patient demonstrated intact sensation and normal reflexes. The medical necessity has not been established. Therefore, the request is non-certified.