

<b>Case Number:</b>	CM14-0115998		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 41-year-old gentleman was reportedly injured on September 12, 2012. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of low back pain radiating to the right greater than the left lower extremity. There was also a complaint of numbness and tingling in the feet as well as anxiety and depression. The physical examination demonstrated the presence of an antalgic gait and decreased lumbar spine range of motion. There was tenderness along the lumbar spinous processes at L4 - L5 as well as along the paravertebral muscles. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L4 - L5. Previous treatment includes oral medications, rest, and heat. A request had been made for Gabapentin and Nortriptyline and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** A review of the medical records indicates that the injured employee has had a previous prescription of Gabapentin. There was no documentation of objective improvement with the use of this medication. As such, this request for Gabapentin is not medically necessary.

**Nortriptyline 25mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682620.html>

**Decision rationale:** Nortriptyline is a tricyclic antidepressant. A review of the attached medical record indicates that the injured employee has complaints of anxiety and depression. Considering this, this request for Nortriptyline is medically necessary.