

<b>Case Number:</b>	CM14-0166611		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Family Practice, and is licensed to practice in California. 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:

56 yr. old female claimant sustained a work injury on 3/6/11 involving the neck , left wrist and low back. She was diagnosed with cervical radiculitis, lumbar radiculopathy, and DeQuervain's tenosynovitis. A progress on July 31, 2014 indicated she had 8/10 pain. She had been on Norco 10/325mg every 4-6 hours, and Anaprox for and pain relief as well as Nortriptyline 35 mg at bedtime and Neurontin for neuropathic pain. Exam findings were notable for limited range of motion in the cervical and lumbar spine with tenderness in the paraspinal regions. Neurological examination was notable for diminish sensation with paresthesias and dysesthesias in the C-5 - C6 root distribution. She has been on Norco for over five months with similar pain levels and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with NSAIDs without significant improvement in pain or function. The continued use of Norco is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 15.

**Decision rationale:** Nortriptyline is a tricyclic antidepressant. According to the MTUS guidelines, Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia ,painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics have not demonstrated significance in randomized-control trials in treating chronic lumbar root pain. In this case, the claimant had been on Gabapentin and Nortriptyline for neuropathic pain. There are limited studies to support their use for neuropathy related to lumbar root pain. Continued use of Nortriptyline is not medically necessary.