

<b>Case Number:</b>	CM14-0215890		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: New York  
 Certification(s)/Specialty: Emergency 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:

This 68 year old injured worked sustained an injury on February 6, 2009. The mechanism of injury was reported to be a result of cumulative trauma. Diagnoses included intractable lower back pain, thoracic and lumbosacral radiculitis, and multi-level disc protrusions. Evaluations dated 10/3/2014 and 11/7/2014 documented continued complaints of left leg. The IW reported 30% improvement of pain following an epidural steroid injection that he received 9/4/2014. Physical examination documented a positive straight leg raise test on the left and decreased range of motion with flexion and extension of the lumbar spine. An electromyogram dated 7/22/2014 supported right sided L5 and S1 radiculopathy. The IW was documented as taking Celebrex and Nortriptylline for ongoing pain. There is no notation in the records that the reliance on medicaitons has decreased following the injections. The beneficiary was determined to be temporarily totally disabled. A UR decision dated 11/24/2014 non-certified a request for Diclofenac Extended Release tablets #100 and Nortriptylline tablets #90, but certified Nortriptylline 50mg tablets #45 to support weaning of this medication. CA MTUS chronic pain guidelines were referenced in support of this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Extended Release 100mg daily for pain # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**Decision rationale:** CA MTUS chronic pain guidelines support the use of non-steroidal anti-inflammatory drugs as they are recommended as an option for short term symptomatic relief for back pain. Documentation states the IW is currently taking Celebrex, a non-steroidal anti-inflammatory agent, with improvement of symptoms. Duplication of agents as well as no evidence of decreased reliance on this medication following pain relief from injections make this request not medically necessary.

**Nortriptyline 50mg 1 tablet PO qhs #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** CA MTUS chronic pain guidelines support the use of antidepressants as a first line option for neuropathic pain. Records note that the IW is taking Nortriptyline, and that it is being prescribed for neuropathic pain. While the IW has had improvement in pain following the epidural injections, guidelines recommend a remission of pain for a period of 3-6 months followed by a medication taper. Three months have not elapsed since pain improvement; therefore, ongoing use of Nortriptyline is determined to be medically necessary.