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| <b>Case Number:</b>   | CM14-0216122 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 05/13/2013 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2014 |

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old female with the injury date of 05/13/13. Per physicians report 10/27/14, the patient has low back pain, radiating down her lower extremity, at 7-8/10. The patient is s/p radiofrequency ablation with improvement of the right side. Her lumbar flexion is 35 degrees, extension is 10 degrees and lateral bending is 15 degrees bilaterally. The lists of diagnoses are: 1) Lumbar spine sprain with MRI findings of anterolisthesis of L4-5 and 1cm disc bulge at L4-5, L5-S1 levels. 2) Bilateral lumbar facet arthropathy, L3-4, L4-5, L5-S1, more on the left. 3) Rule out lumbar discogenic pain. 4) Rule out lumbar radiculopathy. The patient has tried Benzodiazepines, Methadone, Barbiturates, Oxycontin, Hydrocodone, Propoxyphene, Opiates and Buprenorphine. Per 10/21/14 progress report, the patient has lower back pain at 7-8/10. MRI of the lumbar spine from 02/25/14 reveals: 1) degenerative changes throughout the lumbar spine with moderate decrease in disc height at L4-5 and L5-S1. 2) anterior discal calcification at L1-2. 3) 12mm anteriorlisthesis at L4 on L5. The patient is not working. Per 08/28/14 progress report, the patient is taking Atenolol, Levothyroxine, Hydrochlorozide, pain meds and Omeprazole. The medications affect her liver. The urine drug screenings are performed on 01/08/14, 03/05/14, 08/25/14 and 10/27/14. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 01/08/14 to 12/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 25mg 1 PO q.h.s. #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Medications for chronic pain Page(s): 13-15, 60.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for NORTRIPTYLINE 25mg 1 by mouth at bedtime #60. The patient has been utilizing Tricyclic Antidepressants prior to 01/08/14. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the patient has chronic back and lower extremity pain. The patient has been taking Tricyclic Antidepressants for at least 10 months without documentation of efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Furthermore, the utilization review letter on 11/26/14 modified the request of Nortriptyline #60 to #30 in order to initiate downward titration. The request of Nortriptyline #60 at this time IS NOT medically necessary.