

<b>Case Number:</b>	CM14-0218556		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

This 67 year old female sustained an injury on 8/23/07 with subsequent neck and back pain. Magnetic resonance imaging of the cervical spine (8/15/13) showed diffusely degenerated discs without loss of disc height and minor herniation at C3-4, C4-5 and C5-6. Magnetic resonance imaging of the lumbar spine (8/15/13) showed a 2mm annulus bulge with moderate to moderate severe narrowing of the right neural foramina at L5-S1, contact of the exiting L5 nerve root without distortion, minor annular bulge along the left foramina outlet at L3-4 and disc dehydration at L2-3. As of 10/23/14, treatment included 11 sessions of chiropractic physiotherapy, 14 sessions of acupuncture, 3 transforaminal steroid injections and medications. In a PR-2 dated 10/23/14, the injured worker complained of ongoing neck and back pain with radiation and numbness down the right arm into the fingers and down both legs into the toes as well as severe bilateral leg pain. Current diagnoses included HNP L5-S1 with right foraminal narrowing, lumbar and cervical radiculopathy, cervical degenerative disc disease, bilateral carpal tunnel syndrome, left shoulder impingement, right shoulder arthralgia and NSAID induced gastritis. Work status was permanent and stationary. Physical exam was remarkable for a slow, non-antalgic gait, tenderness to palpation to the cervical, thoracic and lumbar paraspinals as well as the left SI joint, decreased sensation to the right C5, C6, C7, L4, L5 and S1 dermatomes, decreased range of motion in all planes to the cervical, lumbar and thoracic spine and diminished motor exam on the right. Motor exam was limited by pain. Bilateral straight leg raise reproduced pain at right L4, L5 and S1 degrees. Slump test was positive bilaterally. Lumbar paraspinal spasm was noted. The treatment plan included Terocin Pain Patch, Amitriptyline

HCL 25 mg, Omeprazole 20 mg, chiropractic physiotherapy to the lumbar spine one times a weeks for six weeks and lumbar corset. On 12/5/14, Utilization Review non certified a request for 60 capsules of Omeprazole 20 mg, 60 capsules of Nortriptyline HCL 25 mg and 60 tablets of Diclofenac Sodium Extended Release 100 mg, citing Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 Capsules of Nortriptyline HCL 25mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant medications Page(s): 13-15.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for NORTRIPTYLINE 25mg #60. The patient has been utilizing Tricyclic Antidepressants such as Elavil prior to 06/05/14. 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 10/23/14 progress report states that Elavil 25mg at night helps to decrease the pain. The treater requested Nortriptyline for the patient's neuropathic pain. Given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines, the request IS medically necessary.

#### **60 tablets of Diclofenac Sodium Extended Release 100mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain (Chronic), Diclofenac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs -non-steroidal anti-inflammatory drugs Page(s): 67-68. Decision based on Non-MTUS Citation Pain chapter, Diclofenac sodium (Voltaren, Voltaren-XR)

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and extremities. The request is for DICLOFENAC SODIUM 100MG #60. None of the reports mention Diclofenac except the treatment plan. MTUS guidelines page 67 and 68 recommend NSAIDs --non-steroidal anti-inflammatory drugs-- as an option for short-term symptomatic

relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, one of the treater's diagnoses is " NSAID induced gastritis " indicating that the patient had utilized NSAIDs in the past but the treater does not discuss any failure of NSAIDs. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary.