

Case Number:	CM15-0127257		
Date Assigned:	08/03/2015	Date of Injury:	09/06/2012
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Pediatrics, Internal 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 09-06-2012. He has reported subsequent low back pain and was diagnosed with low back pain, sacroilitis, facetal pain and lumbar degenerative disc disease. Treatment to date has included medication, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, aquatic therapy and a home exercise program. Nortriptyline was prescribed since at least 09-23-2014 and Baclofen was prescribed since at least 04-20-2015. The progress notes submitted noted that the psychiatric examination findings were notable for anxiety and depression but there were no further details provided in any of the notes and no psychiatric diagnosis was listed. In a progress note dated 05-28-2015, the injured worker reported 7 out of 10 low back pain. Objective findings were notable for tenderness and spasms of the lumbar paraspinal muscles, stiffness of the lumbar spine, tenderness of the facet joints bilaterally, increased on the right side and positive Patrick's test on the right. Work status was noted to be modified. A request for authorization of Baclofen 10 mg #30 and Nortriptyline 10 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Muscle Relaxants.

Decision rationale: CA MTUS and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Baclofen was prescribed since at least 04-20-2015. There is no evidence of objective functional benefit as there was no return to work or improved quality of life documented. In addition, there was no evidence of pain reduction with use of the medication. Also, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Nortriptyline 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-16.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline, 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. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, the patient has chronic low back pain. There was no documentation as to the reason for prescription of this medication. Although psychiatric examination findings were noted to show anxiety and depression, there were no further details provided regarding the symptoms experienced, nor was there any documentation as to the effectiveness of Nortriptyline. There is no evidence of significant pain reduction or objective functional improvement with use of the medication. Pain ratings remained 7-8 out of 10 and there was no documentation of a return to work or improved quality of life. There is no documentation of medical need to continue the Nortriptyline. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

