

<b>Case Number:</b>	CM15-0039867		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 9/28/2001. The diagnoses have included lumbar sprain/strain, lumbar facet arthropathy and lumbar stenosis. Treatment to date has included epidural steroid injection (ESI) and medication. According to the progress report dated 1/27/2015, the injured worker complained of lower back pain that radiated down his left leg to his foot. He also complained of numbness and tingling down his left leg. The injured worker rated his pain without medications as 9/10; pain level with medications was 6/10. The injured worker reported that taking Amitiza helped with constipation due to taking his pain medication, norco helped alleviate his pain, nortriptyline helped his sleep and Tramadol helped with breakthrough pain. Physical exam revealed positive straight leg raise on the left in the L4 distribution, mild palpable spasms in the bilateral lumbar paraspinous musculature with positive twitch response and antalgic gait on the left. Authorization was requested for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 25 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, nortriptyline was prescribed for the purpose of treating his neuropathic pain and sleep. It is not known, based on the documents provided for this review, when exactly he started taking nortriptyline or if he completed a basic screening ECG, as this was not provided. Also, the reports from the notes submitted insufficiently define the measurable functional gains (pain reduction and sleep quality, etc.) directly related to the nortriptyline, independent of his other medications used, which would be required in order to help justify its continuation. Therefore, the nortriptyline will be considered medically unnecessary at this time.