MAXIMUS Federal Services

Case Number:	CM15-0063330		
Date Assigned:	04/09/2015	Date of Injury:	06/18/2013
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 28 year old male, who sustained an industrial injury on 06/18/2013. He has reported injury to the low back. The diagnoses have included low back pain, clinically consistent lumbar radiculopathy, lumbar sprain/strain, and sacroiliitis. Treatment to date has included medications, diagnostics, bracing, physical therapy, and chiropractic therapy. Medications have included Tylenol, Cyclobenzaprine, Nabumetone, and Nortriptyline. A progress note from the treating physician, dated 02/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent lower back pain; pain is rated at 7/10 on the visual analog scale; medications and use of TENS unit are helping. Objective findings included tenderness and spasm at the lumbar paraspinal muscles; dysesthesia noted to light touch at right S1 more than L5 dermatomes; and stiffness with motion of the spine. The treatment plan has included the request for Nortriptyline 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Pain, Antidepressants for chronic pain; Official Disability Guidelines (ODG), Mental Illness & Stress, Weaning of medications (antidepressants).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA.

Decision rationale: Nortriptyline is a TCA (tricyclic antidepressant). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG states "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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." MTUS state regarding antidepressants for pain, "Recommended as a first line option 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." The treating physician has failed to provide documentation of objective functional improvement with the use of this medication. As such, the request for Nortriptyline 10mg #30 is not medically necessary at this time.