

<b>Case Number:</b>	CM15-0070585		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 50 year old female with an industrial injury dated February 27, 2012. The injured worker diagnoses include right lumbar radiculopathy, chronic pain status post lumbar fusion 1/24/2013 with a single left pedicle screw and cage at L4-5, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain and lumbago. She has been treated with computed tomography of the lumbar spine, prescribed medication, 12 sessions of chiropractic therapy, epidural, toradol injection and periodic follow up visits. According to the progress note dated 2/17/2015, the injured worker reported low back pain. Objective findings revealed tenderness to palpitation in right sacroiliac (SI) joint, limited lumbar flexion on the right, and facet loading positive in right lumbar. FABERS test, Gaenslen's test and Sacroiliac (SI) thigh thrust test were all positive on the right. The treating physician prescribed 60 capsules of Nortriptyline 25mg now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of Nortriptyline 25mg:** Overturned

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

**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 recommended by her provider for neuropathic pain which was described as starting from her low back and extending down her right leg, which was confirmed multiple times via decreased sensation of the right lower extremity as well as a positive straight leg raise test. The previous reviewer suggested there was no evidence for neuropathy, although the notes clearly show signs of neuropathy being present. Nortriptyline 25 mg each night (which is how it was requested) is certainly warranted and at least a trial for effectiveness is medically necessary at this time.