

Case Number:	CM15-0099382		
Date Assigned:	07/16/2015	Date of Injury:	11/13/2013
Decision Date:	08/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 63-year-old male who sustained an industrial injury on 11/13/2013. Current diagnoses include bilateral L5 radiculopathy with lower extremity weakness, bilateral L5 neural foraminal stenosis, L5-S1 disc protrusion, and L5 spondylolisthesis. Previous treatments included medications, physical therapy, TENS unit, and injections. Previous diagnostic studies include urine drug screening dated 11/24/2014. Initial injuries occurred to the low back when the worker bent down to tie down a wheel chair and felt a sharp pain. Report dated 04/20/2015 noted that the injured worker presented with complaints that included bilateral low back pain radiating to the bilateral buttocks, bilateral posterolateral thigh and calf. Current medication regimen included Horizant ER, simvastatin, Terazosin, finasteride, and Norco. Pain level was not included. Currently the injured worker is not working. Physical examination was positive for tenderness of the lumbar paraspinal muscles, restricted range of motion, lumbar discogenic provocative maneuvers were positive bilaterally, and decreased strength. The treatment plan included prescriptions for Lyrica, Horizant ER, and Norco, risks and benefits were discussed surrounding long-term opioid use, follow up in 4 weeks, and diagnosis and prognosis were discussed. Disputed treatments include Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 15, and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain, Tricyclic antidepressants.

Decision rationale: The California MTUS recommends "antidepressants for chronic pain 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. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, the injured worker has chronic low back pain with radiation to the bilateral lower extremity. The requested prescription is for an unstated quantity, there were no directions for the use of this medication, and the medical records do not clearly establish the quantity. In addition, the treating physician did not provide a rationale for the use of this medication or the quantity being requested. Therefore, the request for Nortriptyline HCL 10mg; unspecified quantity is not medically necessary.