

Case Number:	CM14-0141315		
Date Assigned:	09/10/2014	Date of Injury:	12/29/1995
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old female who sustained an injury on 12/29/1995. No specific mechanism of injury was noted. The injured worker has been followed for chronic neck and low back pain secondary to degenerative disc disease. Prior medications had included Norco and Butrans patches. As of 08/05/14 the injured worker continued to report severe low back pain 10/10 on the VAS that resolved by the end of the prior day. The current pain was 4/10 in severity. The injured worker's physical exam noted loss of lumbar extension. The injured worker's medications did include Nortriptyline taken twice daily. This was increased to three per day. It is noted that this medication had previously been recommended to be discontinued due to side effects. This medication was denied on 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg (generic), 1 by mouth three times per day, #90 with 1 refill: Upheld

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

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

Decision rationale: The injured worker is a 59 year old female who sustained an injury on 12/29/1995. No specific mechanism of injury was noted. The injured worker has been followed for chronic neck and low back pain secondary to degenerative disc disease. Prior medications had included Norco and Butrans patches. As of 08/05/14 the injured worker continued to report severe low back pain 10/10 on the VAS that resolved by the end of the prior day. The current pain was 4/10 in severity. The injured worker's physical exam noted loss of lumbar extension. The injured worker's medications did include Nortriptyline taken twice daily. This was increased to three per day. It is noted that this medication had previously been recommended to be discontinued due to side effects. This medication was denied on 08/13/14.