

<b>Case Number:</b>	CM14-0002164		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/03/2002
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine and Rehabilitation 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 64 year old male who sustained an injury on 07/03/02. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic low back pain. Prior treatment has included multiple epidural steroid injections as well as medial branch blocks and recent facet rhizotomy procedures. The injured worker's medications have included Lyrica, Nexium, Soma, Zoloft, and Norco. The clinical report from 12/05/13 noted persistent low back pain despite the use of recent facet rhizotomy procedures. The injured worker did describe poor sleep. The injured worker did report increasing pain due to the lack of availability regarding Soma. Physical examination noted intact strength in the lower extremities with no sensory loss or evidence of abnormal gait. There was restricted lumbar range of motion with tenderness to palpation. The injured worker was reported to have gastrointestinal side effects from the use of opiate medications as well as gastroesophageal reflux disease. A depressed mood was also reported. Follow up on 01/02/14 indicated the injured worker had fair sleep with continuing low back pain. On physical examination, there continued to be loss of lumbar range of motion with tenderness to palpation present. The injured worker was felt to have had improvement in regards to activities of daily living with the current medication regimen. Nexium 40mg, quantity 30 with 2 refills and Zoloft 100mg, quantity 30 was denied by utilization review on 12/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEXIUM 40MG# 30 (2 REFILLS):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** In regards to the ongoing use of Nexium 40mg, quantity 30 with 2 refills, review of the clinical records did note a prior history of gastroesophageal reflux disease as well as gastrointestinal side effects with the continued use of narcotic medications. Given the gastrointestinal side effects noted from the use of oral narcotic medications and the injured worker's prior history of gastroesophageal reflux disease, the use of a proton pump inhibitor would be medically appropriate to prevent further side effects from occurring and allowing the injured worker to continue with the medication regimen that was reported as beneficial. Therefore, this reviewer would have recommended this medication as medically necessary.

**ZOLOFT 100MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In regards to Zoloft 100mg, quantity 30, this reviewer would not have recommended this medication as medically necessary based on the limited information available in the clinical record. The injured worker was reported to have depression and poor functioning for which Zoloft was prescribed. This SSRI medication is indicated in the treatment of major depression disorder; however, there was no separate psychological evaluation or any psychological testing to support a diagnosis of major depressive disorder which would have reasonably required the use of this medication. Given the limited information to support the use of this medication as outlined by guidelines, this reviewer would not have recommended this medication as medically necessary.