

<b>Case Number:</b>	CM14-0005524		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/11/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Family Medicine, and is licensed to practice in California. 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:

This is a 55 year old patient who reported an industrial injury on 10/11/2000, attributed to the performance of customary job tasks. The patient continued to complain of persistent neck and lower back pain. The objective findings on examination included decreased range of motion of the cervical and lumbar spine; decreased sensation in the lower left extremity; and positive paraspinal spasms. The treating diagnoses included cervical spine degenerative disc disease (DDD); lumbar spine DDD; sleep disturbance; poor coping with chronic pain; and myofascial pain. The patient was prescribed Zoloft 50 mg; Atenolol 25 mg; Nortriptyline 50 mg; Omeprazole 20 mg; Lidocaine patches; Vicodin 5/500; Flexeril; and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERTRALINE 50 MG, TWICE A DAY (BID):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs- tri cyclic antidepressants Page(s): 107, 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- antidepressants for chronic pain.

**Decision rationale:** The treating physician provided no documentation to support the prescription of Zoloft/Sertraline for the stated mood stabilization based on pain issues associated with the effects of the industrial injury. There was no objective evidence of depression that was directly or temporally related to the cited mechanism of injury. The patient has a depressed mood; however, is not diagnosed with a depressive disorder or chronic depression. There is no demonstrated medical necessity for Sertraline. There was no demonstrated rationale supported by objective evidence to directly support Zoloft for the treatment of the purpose of mood stabilization. There is no demonstrated rationale to support the immediate use of selective serotonin re-uptake inhibitors (SSRIs) in addition to the tri-cyclic antidepressants. There was no documented mental status examination or a diagnosis of depression in the documentation provided. Additionally, there was no demonstrated functional improvement with the prescribed Zoloft/Sertraline. As such, the request is not medically necessary.

**OMEPRAZOLE 20 MG, TWICE A DAY (BID):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to the use of nonsteroidal anti-inflammatory drugs (NSAIDs) in this patient. The patient was prescribed Omeprazole for prophylaxis with Ibuprofen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. However, the patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to stomach issues or stomach irritation. As such, the request is not medically necessary.

**ATENOLOL 25 MG ONCE DAILY (QD) FOR ANXIETY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES DIABETES (UPDATED 09/05/2013), HYPERTENSION TREATMENT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter-hypertension treatment.

**Decision rationale:** The patient is being prescribed Atenolol, a beta-blocker, for the treatment of anxiety. The prescription of Atenolol is not recognized as a first-line treatment for anxiety. The patient is reported to have anxiety 14 years after the date of injury. The use of Atenolol is not medically necessary for the treatment of the effects of the industrial injury. There is no rationale or nexus to the effects of the industrial injury for the prescribed Atenolol. There is no demonstrated functional improvement with the prescribed Atenolol. The use of Atenolol is directed to the treatment of an underlying comorbidity for this patient. The prescription of a beta blocker for the treatment of anxiety is not demonstrated to be medically necessary.