

Case Number:	CM14-0012093		
Date Assigned:	02/26/2014	Date of Injury:	06/24/2006
Decision Date:	06/30/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	01/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 55-year-old with an injury date on June 24, 2006. Based on the January 14, 2014 progress report provided by [REDACTED], the diagnoses are: 1. Insomnia 2. Degenerative disc disease lumbar 3. Depression 4. Anxiety state 5. Chronic pain due to trauma 6. Facet arthropathy 7. COAT 8. Pain in joint involving lower leg 9. Sacroiliitis 10. Low back pain 11. Radiculopathy thoracic or lumbosacral 12. Myalgia/myositis. Exam on January 14, 2014 showed "positive for constipation, back pain, joint pain, joint swelling, muscle weakness. Oriented to time, place, person, situation. Positive for anhedonia, is not agitated, feels hopeless, does not have suicidal ideation. Limitations in activities of daily living." [REDACTED] is requesting Zoloft 50mg #30 with 4 refills, Zoloft 100mg #30 with 3 refills, Naproxen sodium 550mg #30 with 4 refills, Butrans 20 MCG/HR #4. The utilization review determination being challenged is dated January 24, 2014 and modifies request for Zoloft 50mg #30 with 4 refills to one prescription of Zoloft 50mg #30 with no refills, and denies Zoloft 100mg #30 with 3 refills, due to patient not exhibiting signs of depression, suicidal thoughts, or anxiety and indication of weaning-off period. [REDACTED] is the requesting provider, and he provided treatment reports from January 14 to December 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 50MG #30 WITH 4 REFILLS: Overturned

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 for chronic pain Recommended as a first line option for neuropathic pain, and a.

Decision rationale: This patient presents with persistent, worsening pain in lower back/thighs. The treater has asked Zoloft 50mg #30 with 4 refills on January 14, 2014. The August 26, 2014 report shows pain is beginning to radiate from back to left calf, left foot, left thigh, right thigh. The September 12, 2013 report states: "██████████ recommends we increase Zoloft from 100 to 140 mg per day, which we will do." The December 4, 2013 report states Zoloft is helping with pain. Regarding tricyclic antidepressants, the Chronic Pain Medical Treatment Guidelines recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, the Chronic Pain Medical Treatment Guidelines recommends antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the treater has asked for Zoloft 50mg #30 with four refills. Treater seems to increase dosage of Zoloft for flare-up of radicular pain, which is within Chronic Pain Medical Treatment Guidelines for this type of condition. The request for Zoloft 50mg, thirty count with four refills, is medically necessary and appropriate.

ZOLOFT 100MG #30 WITH 3 REFILLS: Overturned

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 for chronic pain Recommended as a first line option for neuropathic pain, and a.

Decision rationale: This patient presents with persistent, worsening pain in lower back/thighs. The treater has asked Zoloft 100mg #30 with 3 refills on January 14, 2014. The August 26, 2014 report shows pain is beginning to radiate from back to left calf, left foot, left thigh, right thigh. The September 12, 2013 report states: "██████████ recommends we increase Zoloft from 100 to 140 mg per day, which we will do." The December 4, 2013 report states Zoloft is helping with pain. Regarding tricyclic antidepressants, the Chronic Pain Medical Treatment Guidelines recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, the Chronic Pain Medical Treatment Guidelines recommends antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the treater has asked for Zoloft 100mg thirty count with three refills. Treater seems to increase dosage of Zoloft for flare-up of radicular pain, which is within Chronic Pain Medical Treatment Guidelines for this type of condition. The request for Zoloft 100mg thirty count with three refills is medically necessary and appropriate.

NAPROXEN SODIUM 550MG #30 WITH 4 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications For specific recommendations, see NSAIDS (non-steroidal anti-inf.

Decision rationale: Review of the report shows no history of taking Naproxen. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the treater has asked for Naproxen for a recent flare-up of lower back pain which is consistent with MTUS guidelines for this type of condition. The request for Naproxen Sodium 550mg, thirty count with four refills, is medically necessary and appropriate.

BUTRANS 20MCG/HR #4: 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 CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Therapeutic Trial of Opioids 1) Establish a Treatment.

Decision rationale: This patient presents with persistent, worsening pain in lower back/thighs. The treater has asked Butrans 20 MCG/HR #4 on January 14, 2014. Review of the September 12, 2013 report shows patient "requires Klonopin twice per week for leg spasms, Norco especially at night with the Butrans as a long acting agent throughout the day." Records do not indicate when patient began taking Butrans. UDS on July 12, 2013 showed in range for Gabapentin (1.6) and out of range for hydrocodone, hydromorphone, and Clonazepam. Nearest report to UDS on August 26, 2014 shows patient is taking Neurontin, Norco, Klonopin, Zolof, Naproxen, Butrans, Levoxyl, and Ambien. On August 15, 2013, patient is exerting efforts to go on with life and manage pain, and "the patch" (the only patch she is taking is Butrans) which is helping stabilize and manage pain. On August 26, 2014 patient reinjured knee which happens often, and states benefit from Zolof and psychotherapy. On September 30, 2013, patient is showing functional improvement, is able to do household chores, but finds it difficult to go up/down stairs, complete community errands, stand from seated position. On October 15, 2013, patient reports increased back and leg pain, and patient's functionality has decreased, which patient attributes to lack of interventional therapy approval. On October 16, 2013, patient is less anxious, needs less pain medications. Reports Norco gives 80% benefit for several hours, and Neurontin subtle but significant leg relief, but no mention of Butrans per October 16, 2013. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, the Chronic Pain Medical Treatment Guidelines requires the 4 A's for ongoing monitoring including analgesia, ADL's (activities of daily living), adverse side affects, and

aberrant drug-seeking behavior. In this case, patient has shown deterioration of function improvement. Treater fails to provide the correlation in pain and function derived from usage of Butrans patch. In addition, patient has had recent deterioration of functionally even with opioid usage, and would benefit from application of other conservative treatment measures. The request for Butrans 20mcg/hr, four count, is not medically necessary or appropriate.