

<b>Case Number:</b>	CM14-0167081		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 American Board of Internal 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:

The injured worker (IW) is a 37-year-old woman with a date of injury of March 29, 2013. The IW sustained injuries resulting from an assault. She has been diagnosed with injury of the head/face, post-concussion syndrome, nasal bone fracture, post-traumatic stress disorder (PTSD), perforated tympanic membrane, cervicgia, cervical disc displacement, adult fluency disorder, brain injury, brachial neuritis, and cervicgia. Pursuant to the progress note dated September 2, 2014, the IW complains of ongoing headaches. It was noted that she was seen at an out-of-network psychotherapist. She has severe public phobia secondary to PTSD and it is hard to get her out of the house even for appointments. Objective findings were reported as no significant change. Current medications include Norco 10/325mg, Zoloft 100mg, Trazadone, Wellbutrin XL 150mg, and Buspar 15mg. She was given a one-month supply of medications. Documentation in the medical record indicates that the IW has been on the aforementioned medications since at least May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#120 is not medically necessary. For ongoing, long-term opiate use documentation needs to provide ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker 37-year-old woman with post-concussion syndrome, nasal bone fracture, posttraumatic stress disorder, perforation tympanic membrane, cervicgia, cervical disc displacement, brain injury, and brachial neuritis. The documentation does not provide an ongoing review with documentation of pain relief, functional status appropriate medication use and side effects. Additionally, there is no documentation as to subject of our objective functional improvement/benefit. Consequently, Norco 10/325#120 is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, your code 10/325#120 is not medically necessary.

**Zoloft 100mg #30:** Upheld

**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, Anti-depressants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zoloft 100 mg #30 is not medically necessary. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, or as the antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesics medication, sleep quality and duration and psychological assessment. In this case, the injured worker is taking Zoloft 100 mg one tablet once daily, trazodone and Wellbutrin XL 150 mg one tablet twice a day. Injured worker has neuropathic pain and the antidepressants as a first line option or appropriate. However, the injured worker is taking three different antidepressants which places him at risk for multiple adverse side effects. Consequently, the Zoloft should be tapered, discontinued and is not medically necessary. Based on clinical information the medical record in the peer-reviewed evidence-based guidelines, Zoloft 100 mg #30 is not medically necessary.