

<b>Case Number:</b>	CM14-0171534		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old male who had a work injury dated 7/17/09. The diagnoses include chronic low back pain, depression. Under consideration are requests for Sertraline 100mg 1 tab QD #90 and Fentanyl patch 50mcg Q48h #10. Per documentation a 9/12/2014 progress report states that the patient complained of chronic lumbar spine pain rated as 8-9/10. The examination showed patient had slow antalgic gait. There was tenderness at L2-S1. There was positive straight leg raise test. Treatment plan included Amitriptyline; Norco 10-325mg every 6 hours PRN quantity of 100, and Gabapentin 600 mg 1 tablet TIO quantity of 270, and psychological evaluation with cognitive behavioral pain management. There is an 8/18/14 supplemental report that states that the patient was taking 200g Sertraline prior to being reduced down to 100mg. On 12/22/11 he was increased on Sertraline because of ongoing depression and it was not working well and the patient was getting lethargic. In February 2012 Abilify was added.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 100mg 1 tab QD #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**Decision rationale:** The guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation does not indicate that the patient has had functional improvement despite being on Sertraline long term. The documentation does not discuss improvements in depressive symptoms on Sertraline. There is no evidence that the use of Sertraline has decreased use of other analgesic medication. The request for Sertraline 100mg 1 tab QD #90 is not medically necessary.

**Fentanyl patch 50mcg Q48h #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Criteria for Use and Weaning of Medic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Fentanyl patch 50mcg Q48h #10 is not medically necessary.