

<b>Case Number:</b>	CM14-0178020		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Interventional spine 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 patient is a 62 year old with an injury date on 1/25/11. Patient complains of low lumbar pain that is dull and constant, radiating to her right foot per utilization review letter dated 10/14/14. As the only provided report was a psychological evaluation with DSM categories, the utilization review letter dated 10/14/14 was consulted for the diagnosis of: lumbar strain. Exam in utilization review letter dated 10/14/14 showed "deep tendon reflexes 2+, sensation intact, straight leg raise negative." Patient's treatment history includes 26 sessions of physical therapy, MRI, EMG, LESI, medications. [REDACTED] is requesting ultram 50mg #45, and zoloft 25mg #30. The utilization review determination being challenged is dated 10/14/14 and denies Zoloft due to lack of objective findings to support the request. [REDACTED] is the requesting provider, and he provided a single treatment report from 3/2/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain, right foot pain. The treater has asked for Ultram 50mg #45. It is not known how long patient has been taking Ultram. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not indicate a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time therefore request is not medically necessary.

**Zoloft 25mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with lower back pain, right foot pain. The treater has asked for Zoloft 25mg #30. It is not known how long patient has been taking Zoloft, but patient is not taking Zoloft per 3/2/13 report (but has tried Vicodin and Cymbalta, with a negative reaction to both, as well as Tramadol and Lyrica). The 3/2/13 report states patient has severe anxiety and depression. Regarding tricyclic antidepressants, MTUS recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, MTUS 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 patient presents with severe depression and ongoing lower back/right foot pain. The trial of the requested zoloft 25mg #30 appears reasonable for this patient's condition therefore request is medically necessary.