

Case Number:	CM14-0184391		
Date Assigned:	11/12/2014	Date of Injury:	04/13/1998
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Medicine and is licensed to practice in Texas. 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 is a 54-year-old male who reported an injury on 04/13/1998. He was initially injured when carrying a ladder and tools when he felt a pain in his lower extremities and eventually in the low back. On 10/10/2014, the injured worker presented with low back pain with radiation into the lower extremities as well as pain into the bilateral knees. Current medications included Naproxen Sodium, Viagra, Ambien, Cyclobenzaprine, Zoloft, and Methadone. The diagnoses were syndrome post laminectomy of the lumbar spine and pain in the joint lower leg in the bilateral knees. On examination of the bilateral knees, there was tenderness to palpation over the patellae and at the joint lines bilaterally. There was presence of crepitus with flexion and extension and pain elicited with motion. The provider recommended Naproxen Sodium and Zoloft. The provider's rationale was not provided. The Request for Authorization is not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The request for Naproxen Sodium 550mg, #60 with 3 refills is not medically necessary. The California MTUS states that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. There is a lack of information on treatment history and length of time the injured worker has been prescribed Naproxen Sodium. As such, this request is not medically necessary.

Zoloft 100mg, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

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

Decision rationale: The request for Zoloft 100mg, #30 with 3 refills is not medically necessary. The California MTUS states that Zoloft has been shown to be effective in relieving neuropathic pain of different etiologies. While it is shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in injured workers with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that it is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to tricyclics or SNRIs. There is a lack of documentation of a failure to respond to a tricyclic or SNRI. Additionally, the efficacy of the prior use of the medication was not provided. There is no information on treatment history and length of time the injured worker has been prescribed Zoloft. The provider does not indicate the frequency of the medication in the request as submitted. As such, this request is not medically necessary.