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| <b>Case Number:</b>   | CM14-0029854 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 06/24/2006 |
| <b>Decision Date:</b> | 07/17/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2014 |

### 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 Board of Orthopedic Surgery 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 is a 55-year-old female who was reportedly injured on June 24, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of low back pain. Pain without medications was rated at 8/10, and with medications, it was rated at 6/10. Medications were reported to improve the injured employee's quality of life and help her perform activities of daily living. No focal physical examination was performed on this date. There were diagnoses of low back pain, myalgias, myositis, thoracic radiculopathy, lumbosacral radiculopathy, chronic pain due to trauma, lumbar degenerative disc disease, depression and insomnia. Medications prescribed include Zoloft, Norco, Neurontin, Klonopin, Butrans and Ambien. A request had been made for Zoloft, Norco and laboratory testing and was not medically necessary in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zoloft 50mg, #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 (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), ANTIDEPRESSANTS Page(s): 13 OF 127.

**Decision rationale:** According to the most recent medical record available for review, dated February 11, 2014, the injured employee has a diagnosis of depression. Additionally, existing medications have been stated to be helpful. This request for Zoloft 50 mg is medically necessary.

**1 prescription of Zoloft 100mg #30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), ANTIDEPRESSANTS Page(s): 13 OF 127.

**Decision rationale:** According to the most recent medical record available for review, dated February 11, 2014, the injured employee has a diagnosis of depression. Additionally, existing medications have been stated to be helpful. This request for Zoloft 50 mg is medically necessary.

**1 prescription of Norco 10/325mg #120 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), OPIOIDS, ONGOING MANAGEMENT Page(s): 78 OF 127.

**Decision rationale:** According to the most recent medical record for review, dated February 11, 2014, the injured employee's usage of Norco was stated to have reduced pain and improve ability to perform activities of daily living. This request for Norco is medically necessary.

**Prospective request for 1 lab: CBC with diff, hydrocodone, EIA9, GGTP, buprenorphine and metabolites screen, acetaminophen serum, chem 19 and gabapentin serum:** 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 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), OPIOIDS, LONG-TERM ASSESSMENT Page(s): 88 OF 127.

**Decision rationale:** The requested lab work for CBC with differential, Hydrocodone, EIA9, GGTP, Buprenorphine and metabolites screen, acetaminophen serum, chem 19 and Gabapentin serum is not justified in the medical record on the most recent note dated February 11, 2014. Without specific justification for ordering these lab tests, this request for CBC with differential,

Hydrocodone, EIA9, GGTP, Buprenorphine and metabolites screen, acetaminophen serum, chem. 19 and Gabapentin serum is not medically necessary.