

Case Number:	CM14-0034491		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2005
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Oklahoma. 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 64-year-old female who reported an injury on 05/02/2005. The mechanism of injury was noted to be moving furniture. Prior treatments included trigger point injections and medications. Diagnoses were noted to be cervical spondylosis, probable cervical radiculitis in the entire right upper limb; lumbar spondylosis with low back pain; and osteoarthritis of the knees. The injured worker had a clinical examination on 12/02/2013. She reported complaints of low back pain and left foot pain. There was not a physical evaluation noted on this document. Treatment plan included cervical and lumbar epidural steroid injections, pain medication, and physical therapy. The provider's rationale for the requested medication was not submitted with the review. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase for SentraFlox Am-10 #180 ON 01/24/2014: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. The Guidelines state tri-cyclic antidepressants may be effective; however, SSRIs do not appear to be beneficial. In regards to radiculopathy, antidepressants are an option according to the Guidelines, but there are no specific medications that have been proven in high quality studies to be efficacious for the treatment of lumbosacral radiculopathy. Finally, in regards to osteoarthritis, no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. The injured worker was noted to have radiculitis in her right upper limb, low back pain, and a diagnosis of osteoarthritis. However, the medication requested is an SSRI antidepressant and according to the Guidelines, this would not be indicated for the patient's symptoms or diagnoses. It is not documented if there had been any efficacy with this medication or a rationale for why it is prescribed. In addition, the request does not provide a frequency. As such, the request for retrospective pharmacy purchase for Sentraflox AM-10 quantity 180 dispensed on 01/24/2014 is not medically necessary and appropriate.