

Case Number:	CM14-0044812		
Date Assigned:	06/23/2014	Date of Injury:	10/31/2002
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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:

Patient, now 68 years old, was 10/31/03, with diagnosis of lumbar disc displacement. She has chronic right lower back pain, knee pain, neck pain, and right hand / wrist pain. She has had right knee total arthroplasty, and has severe left knee DJD, in need of TKA as well. She is diagnosed with right shoulder impingement, with subacromial bursitis. She also has right hand CMC pain and arthralgia, and right hip trochanteric bursitis. She is prescribed Naproxen, Lyrica and Actonel. She takes omeprazole BID for stomach pain. She has a home health aide three times per week (illegible notes submitted). The injured worker claims depression as part of this claim. She has also been diagnosed with generalized anxiety disorder. She is being treated with Zoloft, 100 mg BID, and Valium. Her providers are requesting continuation of Valium, the addition of Enlyte and change in dosing of Zoloft at bedtime. The request for sertraline on 3/10/14 is for 100 mg - 2 every morning, #60, with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Zoloft 200mg #30 times 5 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, SSRI; Mental Illness and Stress, Sertraline (Zoloft).

Decision rationale: This request is not substantiated or explained in the medical records submitted by the psychiatrist. It is not medically necessary, and may actually conflict with the request for 200 mg Sertraline daily. The request is not medically necessary.

Request for 1 prescription of Sertraline HCL 100mg #60 times 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, SSRI; Mental Illness and Stress, Sertraline (Zoloft) Other Medical Treatment Guideline or Medical Evidence: Up To Date: Selective serotonin reuptake inhibitors: pharmacology, administration and side effects. (Last updated 6/9/2014).

Decision rationale: SSRIs are not recommended for low back pain or chronic pain management, however they may be useful in the treatment of depression. The ODG mentions that SSRIs may have a role in managing the psychological symptoms associated with chronic pain. Sertraline was noted to be a first-line treatment for major depression, which this patient was diagnosed with by an AME provider. The dose recommended is appropriate, and necessity noted by her psychiatrist. Per Up To Date, the starting dose of sertraline is 50 mg and then slowly increasing the dose as needed. After starting an SSRI, response should be monitored over the next four weeks. If there is inadequate response but good tolerability after four weeks of treatment at the recommended minimum effective dose, the dose can be slowly titrated upward. Further dose increases can generally be made at one to four week intervals as needed. However, patients who recover from an episode of major depression should receive maintenance treatment with the full dose that successfully resolved the episode, rather than a lower dose. She has been on Zoloft for years, with documentation back to 2011 noting her dose to be 200 mg per day. Upward titration is not needed. The medication is approved.

Request for 1 prescription of Valium 10mg #30 times 4 refills: 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 Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to

hypnotic effects develops rapidly. She has been on benzodiazepines for at least three years, per records reviewed. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant, such as sertraline. It is recommended that the medication is not medically necessary.

Request for 1 prescription of Enlyte 16mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, vitamin B.

Decision rationale: The MTUS Guidelines are silent regarding the use of this substance. Furthermore, I found no guidelines for this mixture of vitamins and chemicals, which include B vitamins, iron, calcium, vitamin C, etc. When reviewing the ODG for the individual components, it was noted that vitamin B is not recommended, a major portion of this medication (folate is a vitamin B as well). The request is not medically necessary.

Request for unknown pool therapy sessions: 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 Aquatic Therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The number of visits was not specified, nor the timeframe for the visits. The prior request was partially certified for 8 visits, with remaining visits being certified. The request as stated is not medically necessary.