

<b>Case Number:</b>	CM14-0089832		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/16/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on 9/16/26. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/7/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder full range of motion of both shoulders, 5-/5 strength on the right and full external rotation. No recent diagnostic studies are available for review. Previous treatment included bilateral shoulder arthroscopy, epidural steroid injection, physical therapy, medication, and conservative treatment. A request had been made for Gralise 600 mg/24hr extended #90 with 1 refill and Zoloft 100 mg #30 and was not certified in the pre-authorization process on 6/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600mg/24hr extended #90 with 1 refill:** 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 Page(s): 16-20.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor were any radicular symptoms noted on physical examination. As such, this request for medication is not medically necessary.

**Zoloft 100mg #30 with 1 refill:** Upheld

**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, 107.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) like Zoloft are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first-line agent (tricyclic antidepressants). Review, of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.