

Case Number:	CM14-0092583		
Date Assigned:	07/25/2014	Date of Injury:	07/10/2010
Decision Date:	09/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, 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 53 year old male who sustained an injury on 07/10/10 when he slipped and fell injuring his bilateral knees and striking his head on the pavement. The injured worker did have a prior left knee arthroscopy with meniscectomy completed in March 2011. The injured worker did have constant complaints of left knee pain following surgery. The injured worker also described complaints of low back pain following the injury. Medications have included the use of muscle relaxers, anti-inflammatories and anticonvulsants to include Topamax. The injured worker did attend recent physical therapy in May of 2014. As of 06/03/14, the injured worker continued to report severe pain 8/10 in severity in the neck, low back and left knee. Physical examination findings noted loss of left knee range of motion at 80 degrees flexion with full extension. There was a positive left McMurray's sign with pain in the medial joint line. The injured worker was recommended to continue with physical therapy. Zoloft was continued in addition to Ultram. There was a note regarding explanation of increased seizure and stroke utilizing Zoloft with Ultram. The retrospective use of Zoloft 50mg #60 and Ultram 50mg #120 prescribed on 06/03/14 was denied by utilization review on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Zoloft 50mg BID #60 DOS: 6/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Low Back Pain: Chronic, Specific Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to the request for Zoloft 50 mg #60 prescribed 06/03/14, this request cannot be considered medically necessary. The clinical documentation submitted for review did not identify any ongoing psychological symptoms such as depression that would support the continuing use of Zoloft. It is unclear to what extent the injured worker had functional improvement or overall symptom reduction with the use of Zoloft. As a Selective serotonin re-uptake inhibitor medication, there are limited indications for Zoloft. Given the lack of any clear evidence of ongoing depression in the clinical note from 06/03/14, continuing use of this medication would not have been supported as medically necessary.

Retro Ultram 50mg BID #120 DOS: 6/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Ultram 50 mg #120, this request cannot be considered medically necessary. The 06/03/14 clinical report did not identify any specific functional improvement, or pain reduction with the use of this medication that would have supported its ongoing use. Per guidelines, Ultram can be considered an option for the treatment of moderate to severe musculoskeletal complaints. Guidelines do recommend that there be ongoing evaluations demonstrating the efficacy of analgesics such as Ultram in terms of functional improvement and pain reduction. As this was not clearly evident in the clinical reports submitted for review, this reviewer would not have recommended this request as medically necessary.