

Case Number:	CM14-0190968		
Date Assigned:	11/24/2014	Date of Injury:	08/22/2009
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 patient is a 59 year old female who sustained a work related, lifting injury on August 22, 2009 to her lower back. The injured worker was diagnosed with low back pain and left lower extremity radiculopathy. Despite conservative measures the patient continued to experience back pain with numbness of the dorsal aspect of the left foot. A magnetic resonance imaging on February 3, 2014 showed degenerative joint disease at the lumbar 3-4 with left lateral and paracentral disc protrusion displacing the left lumbar 4 nerve laterally; degenerative joint disease in the facets at lumbar 4-5 with degenerative central and bilateral recess spinal canal stenosis; and displacement with possible entrapment of the right and left lumbar 5 nerves at the lateral recesses. The injured worker underwent a lumbar 3-4 and lumbar 4-5 laminectomy on February 12, 2014. The patient had post-operative physical therapy which according to the October 20, 2014 progress report was disappointing. The patient is currently on Norco for pain control, Zoloft and Omeprazole and requires assistance from family members for some activities of daily living. The injured worker ambulates slowly with a cane for exercise. According to the physician's progress note on July 23, 2014, Zoloft was tapered and then stopped with poor results. The patient had significant depression, anxiety, difficulty sleeping and increased pain. The injured worker is seen for individual cognitive supportive psychotherapy. According to the psychology report on March 31, 2014, the patient takes daily Zoloft for depression. The injured worker remains on temporary total disability (TTD). The treating physician requested prescriptions for Zoloft 100mg #30 and Prilosec 20mg #30. On November 3, 2014 the Utilization Review denied the prescription for Zoloft 100mg #30 and Prilosec 20mg #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines for Specific Antidepressants and Non-steroidal anti-inflammatory drugs (NSAIDs). Other alternative citations were also utilized for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #30: 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 SSRIs Page(s): 107.

Decision rationale: Regarding the request for Zoloft (Sertraline), MTUS Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, the provider notes that the patient has anxiety and depression that worsen when she tapers off of Zoloft. However, no current specific symptoms/findings of those conditions are identified, and there is no evidence of any recent mental status examinations to more objectively identify the patient's current psychological status and demonstrate the ongoing efficacy of the treatment. There is no clear indication for ongoing use of antidepressants in the absence of clearly demonstrated efficacy. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Zoloft is not medically necessary.

Prilosec 20mg #30: 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): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.