

<b>Case Number:</b>	CM14-0065043		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 10/02/2007. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical degenerative disc disease; shoulder sprain/strain; and lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Naproxen, Colace, and Sertaline. A progress note from the treating physician, dated 05/20/2014, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain, right shoulder pain, and neck pain; and pain medications help to decrease pain by 20-30%. Objective findings included tenderness to palpation in the cervical and lumbar regions; decreased range of motion of the lumbar and cervical spine; and using oxygen at 2 liters per minute via nasal cannula. The treatment plan has included the request for Sertaline 50mg, quantity 60; and Colace 100mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 50mg, #60 DOS: 3/29/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI  
Page(s): 16.

**Decision rationale:** The California MTUS section on SSRI and pain states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The patient does not have documented failure of first line antidepressant therapy in the treatment of neuropathic pain. Therefore the request is not medically necessary.

**Colace 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of 'rescue' opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is not on opioid therapy nor does the patient have a diagnosis of constipation. Therefore, the request is not medically necessary.