

Case Number:	CM14-0095627		
Date Assigned:	07/25/2014	Date of Injury:	11/02/2005
Decision Date:	01/20/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Emergency 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 injured worker is a 50 year-old male who suffered an unknown work related injury on 11/21/2005. Per the physician notes from 04/09/04 he complained of neck and low back pain with some left shoulder pain. He states the surgeries to his neck and low back were significantly helpful, but he continues to have pain. His pain is rated at 7/10, improving to 2/10 with medication. The side effects noted from his medication include GI upset and constipation. His gait was noted to be normal. Strength of the upper extremities was decreased to 4/5 bilaterally. Diagnoses included lumbar fusion L5-S1 04/16/07, lumbar revision surgery 06/23/10, right sacroiliac fusion 07/05/12, C5-C6 disk replacement and C6-C7 discectomy and fusion 11/06/12. EMG from 12/20/10 showed spondylosis at C5-C6 and C6-C7. MRI of the cervical spine 02/21/12 showed spondylosis at C5-C6 and C6-C7. EMG of the left upper extremity 09/16/13 showed normal limits. He also has erectile dysfunction due to chronic pain and left shoulder pain, diagnosed as mild inflammation from a MRI on 08/07/13. His treatments include MS Contin, Norco, Cialis, Colace, Zoloft, Lunesta, and Prilosec. The requested treatments are Zoloft, Prilosec, and Colace. These treatments were denied by the Claims Administrator on 05/27/2014 and were subsequently appealed for Independent Medical Review. The stated purpose of the request for Zoloft 100 mg #120 x 4 refills was to provide treatment for the injured worker's condition. The request for Zoloft 100 mg #120 x 4 refills was denied on May 27, 2014, citing the rationale that this medication is indicated for the treatment of depression and the amount requested exceeds the recommended daily dosage. In addition, there is no documentation that the injured worker suffers from depression. The stated purpose of the request for Prilosec 20 mg #60 x 4 refills was to provide relief of GI upset. The request for Prilosec 20 mg #60 x 4 refills was denied on May 27, 2014, citing the rationale that there was no documentation indicating that the injured worker was taking non-steroidal anti-inflammatory medications. The

stated purpose of the request for Colace 250 mg #120 with 4 refills was to provide relief of constipation. The request for Colace 250 mg #120 with 4 refills was denied on May 27, 2014, citing the rationale that the amount requested exceeds the recommended amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #120 x4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental health and stress, Zoloft

Decision rationale: The requested Zoloft 100 mg #120 x 4 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, antidepressants for chronic pain, page # 13 note that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG Guidelines, mental health and stress, note that Zoloft is recommended as a first-line treatment option for major depressive disorder and PTSD. The injured worker has continued neck and low back pain. The treating physician has documented sleep disturbance. The treating physician has not documented symptoms of depression, anxiety, or failed trials of tricyclics for the injured worker's chronic pain condition. There is also no documentation of functional improvement from previous use of this medication. The criteria noted above not having been met, Zoloft 100 mg #120 x 4 refills is not medically necessary.

Prilosec 20mg #60 X4 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 x 4 refills is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, NSAIDs, GI symptoms, and cardiovascular risk, page # 68 recommend Proton Pump Inhibitors, for example, 20 mg omeprazole for individuals at intermediate risk for gastrointestinal events. The injured worker has complaints of some GI upset, which is helped with omeprazole. The treating physician has documented that the injured worker is being prescribed Norco, which contains acetaminophen. The treating physician has prescribed Prilosec 20 mg once a day. The criteria noted above having been met, Prilosec 20 mg #60 x 4 refills is medically necessary.

Colace 250mg #120 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The requested Colace 250 mg #120 with 4 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, opioids, page # 77 note that prophylactic treatment of constipation should be initiated when initiating opiate therapy. The injured worker has some constipation, which is helped by Colace. The treating physician has documented that the injured worker is being prescribed Morphine sulfate 15 mg BID and Norco 10/325 six a day. The treating physician does not note that opiate therapy is just now being initiated. There is also no documentation of the duration of previous use of this laxative or documentation to indicate additional refills. The criteria noted above not having been met, Colace 250 mg #120 with 4 refills is not medically necessary.