

Case Number:	CM15-0101922		
Date Assigned:	06/02/2015	Date of Injury:	07/16/2007
Decision Date:	07/01/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 62-year-old female who sustained an industrial injury on 07/16/2007. Diagnoses include lumbar intervertebral disc disorder with myelopathy, major depressive disorder (recurrent episode, unspecified) and insomnia due to medical condition classified elsewhere. MRI of the lumbar spine on 4/8/09 noted L3-4 paracentral disc protrusion indenting the thecal sac with no significant central spinal canal stenosis or neural foraminal narrowing; disc bulge at L4-5 with characteristics consistent with a posterior annular tear with no significant central spinal canal stenosis or neural foraminal narrowing; and diffuse disc bulge at L5-S1 with facet hypertrophy causing indentation on the S1 nerve roots bilaterally and mild central spinal canal stenosis. Electromyography (EMG) testing of the bilateral lower extremities on 7/23/08 was normal. Treatment to date has included medications. According to the progress notes dated 4/15/15, the IW reported chronic back pain associated with depression and insomnia. The record stated the IW had been stable, but her pain was not completely controlled with her current medication. She rated her pain 8-9/10. It was indicated her pain was almost completely relieved with a combination of antidepressants and Tramadol. Zoloft and Seroquel were controlling her depression and Seroquel was also helping her sleep. A request was made for Tramadol HCl 50mg, #60 and back support for the lumbar spine for treatment of the lumbar spine condition and Zoloft 100mg, #45 with three refills for treatment of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL 50mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are intervertebral lumbar disc disorder myelopathy lumbar region; major depressive disorder, recurrent episode unspecified; and insomnia due to medical condition elsewhere classified. Subjectively, according to an April 15, 2015 progress note, the injured worker presents for depression that has been stable but not completely controlled with current medication. The subject of section states the injured worker takes antidepressants with tramadol. She is unable to tell which medication is effective. The depression is controlled with Zoloft and Seroquel. The injured worker becomes anxious and cheerful without it physical examination references below back. Objectively, the back is nontender with flexion limited to 45. There are no other clinical findings in the medical record. There is no documentation of functional improvement to support ongoing tramadol. There are no pain scores in the medical record. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning in the medical record. Additionally, the objective physical examination is limited to tenderness at the low back. There was no neurological evaluation. Consequently, absent clinical documentation with a detailed physical examination, objective functional improvement with ongoing tramadol, a risk assessment and detailed pain assessment, attempted weaning, Tramadol HCL 50mg #60 is not medically necessary.

Back support for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, back support lumbar spine is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are intervertebral lumbar disc disorder myelopathy lumbar region; major depressive disorder, recurrent episode unspecified; and insomnia due to medical condition elsewhere classified. Subjectively, according to an April 15, 2015 progress note, the injured worker presents for depression that has been stable but not completely controlled with current medication. The subject of section states the injured worker takes antidepressants with tramadol. She is unable to tell which medication is effective. The depression is controlled with Zoloft and Seroquel. The injured worker becomes anxious and cheerful without it physical examination references below back. Objectively, the back is nontender with flexion limited to 45. There is no documentation of lumbar instability in the record. There are no other clinical findings in the medical record. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for lumbar support and documentation of lumbar instability, back support lumbar spine is not medically necessary.

Zoloft 100mg #45 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Zoloft 100 mg #45 with three refills is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Zoloft is a selective serotonin reuptake inhibitor. And his controversial based on controlled trials. The main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed. In this case, the injured worker's working diagnoses are intervertebral lumbar disc disorder myelopathy lumbar region; major depressive disorder, recurrent episode unspecified; and insomnia due to medical condition elsewhere classified. Subjectively, according to an April 15, 2015 progress note, the injured worker presents for depression that has been stable but not completely controlled with current medication. The subject of section states the injured worker takes antidepressants with tramadol. She is unable to tell which medication is effective. The depression is controlled with Zoloft and Seroquel. The injured worker becomes anxious and cheerful without it physical examination references below back. Objectively, the

back is nontender with flexion limited to 45. There are no other clinical findings in the medical record. The documentation indicates the injured workers symptoms of depression are stable but not completely controlled with current medications. The injured worker has a history of major depressive disorder and it would seem a consultation with a psychiatrist is in order to better manage and tailor the current medication regimen. Additionally, three refills are not clinically indicated. Consequently, absent clinical documentation with control of symptoms of depression and improved management, Zoloft 100 mg #45 with three refills is not medically necessary.