

Case Number:	CM15-0106306		
Date Assigned:	06/10/2015	Date of Injury:	07/11/2003
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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(n) 50 year old female, who sustained an industrial injury on 7/11/03. She reported pain in her lower back. The injured worker was diagnosed as having lumbar stenosis, spondylolisthesis and facet arthropathy. Treatment to date has included a lumbar epidural injection on 1/22/15 with some relief, physical therapy, a lumbar MRI and oral pain medications. As of the PR2 dated 4/28/15, the injured worker reports pain in her lower back and left leg. She is trying to wean down the amount of Norco to 1-2 daily. She indicated she is not using the Xanax because it causes her headaches. She also reports only sleeping 3-5 hours inconsistently. The treating physician noted that injured worker has panic attacks associated with pain intensification. The treating physician requested to start Zoloft 50mg #30 and continue Xanax 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30: Upheld

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

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

Decision rationale: The patient is a 50 year old female with an injury on 07/11/2013. She had low back pain. She has been treated with physical therapy, pain medication and epidural steroid injections. On 04/28/2015 she had low back pain radiating to her left leg. She stopped using Xanax because it caused headaches. However, the provider continues to order Xanax for this patient. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. Zoloft is not a tricyclic antidepressant. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The patient is a 50 year old female with an injury on 07/11/2013. She had low back pain. She has been treated with physical therapy, pain medication and epidural steroid injections. On 04/28/2015 she had low back pain radiating to her left leg. She stopped using Xanax because it caused headaches. However, the provider continues to order Xanax for this patient. Xanax is a benzodiazepine. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not recommended.