

<b>Case Number:</b>	CM15-0160800		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/08/1997
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70-year-old male who sustained an industrial injury on August 8, 1997 resulting in neck and lower back pain. He has been diagnosed with neck pain with left upper extremity radiculopathy; low back pain with left lower extremity radiculopathy; post-laminectomy syndrome; myofascial syndrome; sacroiliac joint arthropathy, bilaterally; bilateral hand and wrist pain; and, greater trochanteric bursitis. Documented treatment has included cervical laminectomy; sacroiliac joint injections and left L4 and 5 transforaminal epidural steroid injections which were stated to have been beneficial; and, medications including Methadone, Percocet, Ativan, Gabapentin, and Paroxetine. The injured worker continues to present with neck and low back pain. The treating physician's plan of care includes Sertaline HCL 25 mg. Work status is not documented in the most recent documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline HCL 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): SSRIs (selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient was injured on 08/08/97 and presents with neck pain and bilateral upper extremity severe pain. The request is for SERTRALINE HCL 25MG #60. There is no RFA provided and the patient's current work status is not provided. The report with the request is not provided and it is unknown when the patient began taking this medication. MTUS Guidelines, Antidepressants, pages 13 to 15 state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated." Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." The patient has an antalgic gait, has a positive straight leg raise, pain/tightness in the cervical region, and decreased sensation in the upper extremities. He is diagnosed with neck pain with left upper extremity radiculopathy; low back pain with left lower extremity radiculopathy; post-laminectomy syndrome; myofascial syndrome; sacroiliac joint arthropathy, bilaterally; bilateral hand and wrist pain; and, greater trochanteric bursitis. There is no indication of when the patient began taking this medication. None of the reports provided mention Sertraline or its impact on the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the request IS NOT medically necessary.