

<b>Case Number:</b>	CM15-0161335		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 61 year old female, who sustained an industrial injury on 3-19-2003. The mechanism of injury is injury from packaging and lifting boxes of clothes. The current diagnoses are lumbosacral spondylosis without myelopathy, lumbosacral (joint) (ligament) sprain, lumbosacral radiculitis, and loose body in joint (site unspecified). According to the progress report dated 6-19-2015, the injured worker complains of increased left-sided low back pain with radiation into her bilateral legs. The pain is characterized as sharp and throbbing. The level of pain is not rated. The physical examination of the lumbar spine reveals restricted and painful range of motion, paraspinal spasm, paralumbar tenderness, tailbone tenderness, posterior superior iliac spine tenderness, residual bilateral sacroiliac joint tenderness, and positive straight leg raising test bilaterally. The current medications are Dilaudid, Sertraline, and Lunesta. There is documentation of ongoing treatment with Dilaudid and Zoloft since at least 1-9-2015. It is unclear when Rozerem was originally prescribed. However, on 1-9-2015 there is documentation that the medication is pending. Treatment to date has included medication management, x-rays, physical therapy, H-wave, MRI studies, electrodiagnostic testing, chiropractic, acupuncture, and injection therapy. Work status is described as permanent and stationary. A request for Zoloft, Dilaudid, Rozerem, and MRI of the lumbar spine has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Zoloft 100 MG with 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, SSRIs are not recommended as a treatment for chronic pain. In addition, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Zoloft is not medically necessary.

**Dilaudid 4 MG #84: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for

documentation of the clinical use of these controlled drugs. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. In addition, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. The work status is described as 'permanent and stationary', which implies a complete lack of functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Dilaudid is not medically necessary.

### **30 Rozerem 8 MG with 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate / Rozerem.

**Decision rationale:** The CA MTUS, ACOEM, and Official Disability Guidelines are silent regarding the use of Rozerem therefore other guidelines were consulted. Per UpToDate rozerem is a hypnotic, Melatonin Receptor Agonist used in the treatment of insomnia characterized by difficulty with sleep onset. However, a review of the injured workers medical records do not reveal that she has sleep onset insomnia, neither is there any documentation of any benefit from the use of this medication. Without this information it is not possible to determine medical necessity, therefore the request for Rozerem is not medically necessary.

### **Open Lumbar MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the CA ACOEM Medical Treatment Guidelines relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. In this case, the submitted medical records failed to provide adequate clinical findings and-or presence of red flags to support repeat diagnostic imaging of the lumbar spine. Therefore, based on ACOEM guidelines and submitted medical records, the request for MRI of the lumbar spine is not medically necessary.