

<b>Case Number:</b>	CM15-0163858		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 57 year old female who sustained an industrial injury on 09-25-2007 resulting in injury to the lumbar spine. The mechanism of injury was not discussed. Treatment provided to date has included: L4-5 and L5-S1 anterior and posterior fusion surgery (03-2015), physical therapy, medications, and conservative therapies/care. Recent diagnostic testing has include: MRI of the lumbar spine (2014) showing L5-S1 mild central disc protrusion, L1-2 retrolisthesis with L4-5 and L5-S1 anterolisthesis unchanged; x-rays of the lumbar spine (06-2015) showing good placement of the instrumentation and grafts. There were no noted comorbidities or other dates of injury noted. The most recent progress report (PR), dated 07-14-2015, noted complaints of continued low back pain with radiating pain into the lower extremities. There was no pain rating or description of the pain mentioned in this report. Current medications include Valium and Tylenol #4 (from different physician), and Zoloft. The Valium was last filled on 06-09-2015 per the neurosurgical PR. The injured worker reported a 30% decrease in pain and spasms with the use of current medications. She also requested to resume use of Flector patches which she was prescribed prior to surgery. Urine drug screens were reported to be consistent with medication regimen. The physical exam revealed a mid-line incision over lying the lumbar spine and a mid-line abdominal incision which were both noted to be healed, and normal reflexes, motor strength and sensation in the lower extremities. The provider noted diagnoses of chronic low back pain, lumbar degenerative disc disease, bilateral sciatic pain, situational depression and anxiety, apparent lumbar retrolisthesis at L2-3, status post lumbar fusion, lumbar stenosis, and lumbar spondylosis. Plan of care includes resume Flector

patches, and follow-up in one month. The injured worker's work status remained temporarily totally disabled. The neurosurgery PR dated 06-09-2015 stated that the injured worker was to follow-up in 6 weeks; however, that report was not available for review. The request for authorization and IMR (independent medical review) includes: Zoloft 25mg oral tablet (2 tablets by mouth daily) #60, and Tylenol with codeine #4 60-300mg (2 tablet by mouth twice daily) #60 with one refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zoloft 25mg, oral tablet, 2 tablets by mouth QD #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter under Sertraline (Zoloft®).

**Decision rationale:** The 57 year old patient is status post L4-5 and L5-S1 anterior lumbar interbody fusion on 03/26/15, as per progress report dated 07/14/15. The request for ZOLOFT 25mg, ORAL TABLET, 2 TABLETS BY MOUTH QD #60. The RFA for this case is dated 07/27/15, and the patient's date of injury is 09/25/07. The patient complains of low back pain radiating into her lower extremities, as per progress report dated 07/14/15. Medications included Zoloft, Valium, Tylenol # 4, and Flector patch. Diagnoses included chronic low back, lumbar degenerative disease, bilateral sciatic pain, situational depression and anxiety, and apparent L2-3 retrolisthesis. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Mental illness and stress chapter under Sertraline (Zoloft) state: Recommended as a first-line treatment option for MDD and PTSD. In this case, a trial of Zoloft was initiated on 01/02/15 to help manage the patient's depression. As per psychologist report dated 06/23/15, the patient has been diagnosed with major depressive disorder, in remission, and pain disorder, in remission. As per progress report dated 02/10/15, the patient reports good results from switch of antidepressant medication from Prozac to Zoloft. Side effect of itching has stopped and mood has improved again one month after starting new medication. Given the documentation of efficacy and the diagnoses of MDD for which Zoloft is indicated, the request appears reasonable and IS medically necessary.

#### **Tylenol with Codeine #4 60/300mg, take 1 tablet by mouth BID #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain.

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

**Decision rationale:** The 57 year old patient is status post L4-5 and L5-S1 anterior lumbar interbody fusion on 03/26/15, as per progress report dated 07/14/15. The request for TYLENOL WITH CODEINE #4 60/300mg, TAKE 1 TABLET BY MOUTH BID #60 WITH 1 REFILL. The RFA for this case is dated 07/27/15, and the patient's date of injury is 09/25/07. The patient complains of low back pain radiating into her lower extremities, as per progress report dated 07/14/15. Medications included Zoloft, Valium, Tylenol # 4, and Flector patch. Diagnoses included chronic low back, lumbar degenerative disease, bilateral sciatic pain, situational depression and anxiety, and apparent L2-3 retrolisthesis. The patient is temporarily totally disabled, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Tylenol #4 is first noted in progress report dated 01/02/15, and it appears that the patient has been taking the medication consistently since then. It is not clear when opioid therapy was initiated. In progress report, dated 07/14/15, the patient notes approximately 30% reduction in her pain and spasm with the use of her medications. Her tolerance for standing or walking is limited to 15 minutes with the use of her medications, whereas without her medications her tolerance for such activities is limited to 5-10 minutes. No other specific examples of ADL's are provided. The patient has signed a pain contract and is not exhibiting aberrant behavior. UDS, dated 02/26/15, is consistent. While the treater provides documentation of Analgesia, aberrant behavior, adverse effect, there is inadequate reporting regarding ADL's. Only one example is provided and it does not appear to be a significant improvement. There is no return to work, no change in work status and no validated instrument use showing significant improvements in multiple areas of the patient's overall function. The request IS NOT medically necessary.