

Case Number:	CM15-0182201		
Date Assigned:	09/23/2015	Date of Injury:	03/01/2008
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 is a 55 year old male, who sustained an industrial injury on 03-01-2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc protrusions with cervical spondylosis, right medial epicondylitis, bilateral carpal tunnel syndrome, low back pain syndrome, bilateral lateral epicondylitis, thoracic degenerative disc disease, ulnar neuropathy, shoulder pain, and chronic pain syndrome. Medical records (03-31-2015) indicate ongoing neck pain and left elbow pain, and increased numbness and tingling in the right upper extremity. Pain levels were 4-5 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Records also indicate no changes in daily activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work as he was noted to be retired. The physical exam, dated 08-25-2015, revealed no changes from previous exam (0623-2015) in range of motion in the cervical spine, sensation, reflex testing or Spurling's maneuver results. Relevant treatments have included physical therapy (PT), C7-T1 interlaminar injection resulting in over 50% pain relief for more than 4 months, cortisone injections to both elbows, injections to both shoulders, electrical stimulation, activity restrictions, and medications (Zoloft and Anaprox both filled/approved with 4 additional refills on 06-24-2015). The request for authorization (08-27-2015) shows that the following medications were requested: Zoloft 100mg #30 (prescribed 08-25-2015), and Anaprox 550mg #60 (prescribed 08-25-2015). The original utilization review (09-03-2015) non-certified the request for Zoloft 100mg #30 (prescribed 08-25-2015), and Anaprox 550mg #60 (prescribed

08-25-2015) based on based previous certification of these medications (prescribed on 06-23-2015) with 4 refills for each medication which should last through 10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg, #30 (prescribed 8/25/15): 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 Official Disability Guidelines (ODG) Mental illness and stress section, Zoloft.

Decision rationale: Pursuant to the Official Disability Guidelines, Zoloft 100 mg #30 prescribed August 25, 2015 is not medically necessary. Zoloft is recommended as a first-line treatment for major depressive disorder and PTSD. In this case, the injured workers working diagnoses are C-5 - C6 and C6 - C7 disc protrusions with cervical spondylosis; right medial epicondylitis; bilateral carpal tunnel syndrome; low back pain syndrome; right lateral epicondylitis; thoracic degenerative disc disease; cervical radiculitis; degenerative disc disease cervical; ulnar neuropathy; shoulder pain; chronic pain syndrome; history of left ulnar nerve transposition surgery November 26, 2012; history left shoulder surgery March 2011 and history right shoulder surgery September 2011. Date of injury is March 1, 2008. Request for authorization is August 27, 2015 referencing an August 25, 2015 progress note. According to the utilization review dated June 23, 2015, Anaprox and Zoloft were certified with #4 refills to carry the injured worker through October 2015. The treating provider requested additional Anaprox and Zoloft prematurely August 25, 2015. Specifically, June 23, 2015 at an Anaprox #60 with four refills and Zoloft one tablet #30 with four refills. According to the progress note dated August 25, 2015, subjective complaints include a flare of back pain aching in the upper extremities. Objectively, there is tenderness palpation in the cervical paraspinal muscles and T7 - T8. There is no clinical indication for the premature refill Zoloft 100 mg #30. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines and documentation indicating a Zoloft supply prescribed August 25, 2015 would carry the injured worker through October 2015, Zoloft 100 mg #30 prescribed August 25, 2015 is not medically necessary.

Anaprox 550mg, #60 (prescribed 8/25/15): 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg #60 (prescribed 8/25/15) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are C-5 - C6 and C6 - C7 disc protrusions with cervical spondylosis; right medial epicondylitis; bilateral carpal tunnel syndrome; low back pain syndrome; right lateral epicondylitis; thoracic degenerative disc disease; cervical radiculitis; degenerative disc disease cervical; ulnar neuropathy; shoulder pain; chronic pain syndrome; history of left ulnar nerve transposition surgery November 26, 2012; history left shoulder surgery March 2011 and history right shoulder surgery September 2011. Date of injury is March 1, 2008. Request for authorization is August 27, 2015 referencing an August 25, 2015 progress note. According to the utilization review dated June 23, 2015, Anaprox and Zolofit were certified with #4 refills to carry the injured worker through October 2015. The treating provider requested additional Anaprox and Zolofit prematurely August 25, 2015. Specifically, June 23, 2015 at an Anaprox #60 with four refills and Zolofit one tablet #30 with four refills. According to the progress note dated August 25, 2015, subjective complaints include a flare of back pain aching in the upper extremities. Objectively, there is tenderness palpation in the cervical paraspinal muscles and T7 - T8. There is no clinical indication for the premature refill Anaprox 550mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation Anaprox prescribed August 25, 2015 would carry the injured worker through October 2015, Anaprox 550 mg #60 (prescribed 8/25/15) is not medically necessary.