

<b>Case Number:</b>	CM15-0192556		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 07-01-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lower back, right knee pain and post-traumatic stress disorder. According to the treating physician's progress report on 08-31-2015, the injured worker reported analgesia with increased activities and maintaining functional independence in her home. The injured worker was noted "to have a consistent affect while somewhat blunted by her depression and post-traumatic stress disorder". On 08-21-2015, the injured worker rated her pain at 9 out of 10 on the pain scale. Examination demonstrated a forward head displacement on the axial line with hyper accentuation of a cervical lordosis, thoracic kyphosis and lumbar lordosis. There was paraspinous muscles tenderness greater on the right than the left area. The pain radiated to the right lower back and right buttock. The injured worker had an antalgic gait favoring the left side, She was able to perform toe and heel walk but had an exaggerated antalgic gait when attempting the maneuver. Light touch sensation was intact with motor weakness throughout both the upper and lower extremities. Diagnostic testing with official report included in the review is a lumbar spine magnetic resonance imaging (MRI) dated 10-07-2014. Prior treatments have included diagnostic testing, physical therapy, acupuncture therapy, massage therapy, home exercise program, bracing, psychotherapy-psychiatric treatment, cognitive behavioral therapy (6 sessions), interdisciplinary evaluation and medications. Current medications were listed as Hydrocodone-Acetaminophen, Clonazepam, and Sertraline. The injured worker remains on temporary total disability (TTD). Treatment plan consists of continuing with medication regimen, increase Zoloft to twice a day, rehabilitative treatment and concurrent integrated psychological treatment in the functional restoration program (FRP) and the current request for Hydrocodone-Acetaminophen 5mg-325mg

#150 and Zoloft 25mg #60. On 09-10-2015, the Utilization Review determined the request for Hydrocodone-Acetaminophen 5mg-325mg #150 and Zoloft 25mg # was not medically necessary.

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

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

#### **Hydrocodone/Acetaminophen 5mg/325mg #150: Upheld**

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

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

**Decision rationale:** CA MTUS Guidelines support the short-term use of opioids at the lowest dose possible for the treatment of chronic pain. Ongoing use of opioids may be appropriate if there is documented significant pain relief, improvement in functional status and return to work. In this case, the patient has ongoing chronic back and right knee pain. The documentation submitted failed to specify pain relief with and without use of Norco, so efficacy is not established. A urine drug screen to confirm compliance is also not provided. Therefore, the justification for ongoing use of Norco is not medically necessary or appropriate.

#### **Zoloft 25mg #60: Upheld**

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

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

**Decision rationale:** Ca MTUS Guidelines supports the use of antidepressants such as Zoloft (Sertraline), as a first line agent in the treatment of neuropathic pain. It appears that the patient has also been diagnosed with anxiety and depression, so it is not clear whether the Zoloft is being utilized for chronic pain, anxiety/depression, or both. There is no documented efficacy of pain relief, functional improvement, changes in the use of other analgesics, sleep quality or side effects with the use of Zoloft. There is no psychological assessment establishing the diagnosis of depression and necessitating the use of Zoloft. Therefore, the request for Zoloft is not medically necessary or appropriate.