

Case Number:	CM15-0050457		
Date Assigned:	03/23/2015	Date of Injury:	09/20/2004
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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 60 year old male, who sustained an industrial injury on 6/1/06. He reported neck pain and low back pain. The injured worker was diagnosed as having neck pain, low back pain, radicular pain, degenerative disc disease, opioid dependence, and long term use of medications. Treatment to date has included physical therapy, TENS unit, chiropractic treatment, steroid joint injections, and trigger point injections. Physical therapy and the use of a TENS unit was noted to be unhelpful. Currently, the injured worker complains of right hip pain, low back pain, toe pain, and leg pain. Medical history included coronary artery disease, high cholesterol, hypertension, anxiety disorder, and depression. The treating physician requested authorization for Zetia 10mg #30 and Sertraline 50mg #30. The treating physician noted the injured worker was stable with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zetia 10mg QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/>.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for ZETIA 10MG #30. Per 01/15/15 progress report, the patient is currently taking Percocet, Ativan, Metoprolol Tartrate, Rosuvastatin, Amlodipine, Lorazepam, Oxycodone and Roxicodone. Work status is unknown. MTUS, ACOEM, ODG guidelines do not mention Zetia. Per <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/> Zetia (ezetimibe) is a medicine used to lower levels of total cholesterol and LDL (bad) cholesterol in the blood. In this case, none of the reports mention this medication except the request. None of the reports discuss the patient's cholesterol condition. The request IS not medically necessary.

Sertraline 50mg QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for ZETIA 10MG #30. Per 01/15/15 progress report, the patient is currently taking Percocet, Ativan, Metoprolol Tartrate, Rosuvastatin, Amlodipine, Lorazepam, Oxycodone and Roxicodone. Work status is unknown. The MTUS pages 13-15 states, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." In this case, none of the reports mention this medication except the request. None of the reports discuss the patient's psychological symptoms to need antidepressants. The request IS not medically necessary.