

Case Number:	CM14-0009252		
Date Assigned:	02/14/2014	Date of Injury:	07/28/2012
Decision Date:	09/15/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury on 7/28/2012. Diagnoses include back pain, chronic pain, and depression. Subjective complaints are of chronic back pain and ongoing depression. Physical exam shows decreased lumbar range of motion, paraspinal spasm, tender sacroiliac joints, and weak core strength. Medications include Zoloft, Duexis, and Lidoderm patches. Records indicate that the patient was previously taking Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 100MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

Decision rationale: The CA MTUS state that antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The CA MTUS also states that unlike SNRIs, the SSRI class of medication does not appear to be beneficial for the treatment of low back pain. For this patient, while there is mention of depressive symptoms, there is no specific objective evidence or presented psychological evaluation. Furthermore, the patient was

previously on Cymbalta, and there is no documentation of why this was switched to Zoloft. Therefore, Zoloft is not medically necessary.

LIDODERM 5% PATCHES #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56.

Decision rationale: The CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of Lidoderm is only FDA approved for post-herpetic neuralgia. For this patient, there is no objective evidence that the patient has neuropathic pain, or diagnoses that would benefit from a topical analgesic. Furthermore, there is not a documented trial of first-line medications. Therefore, the request for Lidoderm patches is not consistent with guideline recommendations, and is not medically necessary.

DUEXLS #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-68.

Decision rationale: According to CA MTUS guidelines, a PPI or H2 blocker can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. For this patient, there is no documentation identified that would stratify him in an intermediate or high risk GI category. Furthermore, there is no indication of ongoing gastric complaints or evidence of failure of first line NSAIDS and acid blockers. Therefore, Duexis is not medically necessary.