

Case Number:	CM14-0162305		
Date Assigned:	10/07/2014	Date of Injury:	11/17/1999
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in California. 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 patient had her injury on 11/17/99 and was diagnosed as having shoulder and cervical strain, cervical spondylosis, cervical facet syndrome as diagnosed by MRI, failed neck syndrome, anxiety, depression, external hemorrhoids, and HBP. The patient was seen by a pain specialist on 5/19/14 who diagnosed chronic axial/mechanical back pain for greater than 6 months. The patient was noted to also have neck and upper back pain which had failed PT and other conservative modalities for pain control. The patient was also noted at that time to have chronic pain and depression. Therefore, her pain M.D. administered ESI treatment to C5-6 and C6-7. A request was made for certification for gas relief capsules 180 mg, Zoloft 100 mg, and hemorrhoidal cream .25-3-12-18 %. The request for these meds were not authorized by the UR committee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gas relief capsules 180mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation mdconsult.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 10264 Version 84.0 and Topic 2607 Version 8.0

Decision rationale: The MTUS did not cover this topic and Up to date was consulted. It was stated that anti gas meds such as Simethicone were used to treat bloating and flatulence. The article stated that in patients with belching behavioral changes were advocated. This consisted of avoidance of carbonated beverages, stress management, and discontinuation of chewing gum. In cases of primary flatus diet changes are also recommended and such things as sorbitol, legumes, and, cruciferous vegetables should be avoided. The article goes on to say that such meds as Simethicone offer minimal benefit and their use is not suggested. Therefore, the UR committee was correct in not authorizing this medicine. Therefore the request is not medically necessary.

Zoloft 100mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 to 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 402,Chronic Pain Treatment Guidelines med section Page(s): 107.

Decision rationale: Setraline or Zoloft is an SSRI antidepressant and inhibits serotonin reuptake. The MTUS states that SSRI's are not recommended for the treatment of chronic pain but may have a role in treating chronic pain in which depression is secondary to the chronic pain. However, its use is controversial in controlled studies. It is felt that its main role is probably in addressing the psychological symptoms associated with chronic pain and not in directly treating the pain. It is felt not to be effective in treating low back pain. The MTUS also noted that antidepressants in general may take weeks to exert their effects and may not be beneficial in an acute episode. These meds have side effects which may result in problems and a decrease in work performance. It also is noted that the diagnosis of depression may be incorrect and the patients problems may come from long standing character issues and that in this case antidepressants would not be beneficial. In this particular patient we find that she has depression which is probably secondary to her chronic pain. Therefore, Zoloft should be offered to her as part of her treatment regimen. Therefore the request is medically necessary.

Hemorrhoidal Cream 0.25-3-12-18% #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub med review of hemorrhoids

Decision rationale: This medicine could not be found in the MTUS and the secondary source, Pub Med was consulted. Preferred treatment for hemorrhoids consists of diet to increase stool bulk and increase in the ingestion in dietary fiber and increase in fluids. Also sitz baths and rest are often recommended. The article notes that a variety of topical applications to the hemorrhoids are used but there is little evidence to support their use. Steroid creams are often part of the topicals but should not be used for more than 2 weeks because the steroid component

can cause thinning of the perianal skin. Therefore, the UR committee was justified in their denial of the topical cream. Thus the request is not medically necessary.