

<b>Case Number:</b>	CM14-0164447		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 is a 35 year old female with her injury occurring on 5/6/09. Her diagnoses include chronic lumbar pain, lumbar and thoracic DJD, cervical DJD, chronic pain, pain induced depression, anxiety, and PTSD. She presented on 9/15/14 to her M.D. with mid low back and low back pain and bilateral lower extremity pain. She also had bilateral numbness and tingling of her legs and stated that her pain was 10/10 without pain meds but was 3/10 with pain meds and treatment. She was noted to be ambulating with a cane. It was noted that she had had a cervical fusion on 10/10 and that she had had ESI's to her lumbar spine which had proved very beneficial. The pain specialist noted that she was on MS Contin and had MS ER for breakthrough pain. He requested auth for MS ER, Soma, and Zoloft or Sertraline. However, the UR denied Soma and MS ER but did approve Zoloft but denied any refills of the Zoloft for future treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of MSER 60mg #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92 and 93.

**Decision rationale:** The MTUS states that MS ER or morphine sulfate ER is an extended release and long acting form of morphine which is an opioid. The extended release opioids have an increased risk of overdose and death as compared to the short acting opioids. Other side effects include dizziness, drowsiness, constipation, nausea, emesis, dyspnea, muscle weakness, and orthostatic hypotension. It is stated that these type of extended release medications should not be used as breakthrough meds but on a continuous basis when needed. In this particular patient we see she is already on a continuous dose of a long acting medicine, MS Contin and that the M.D is asking for prn dosing of another long acting morphine, MS ER for breakthrough pain. According to the MTUS this is contraindicated and a short acting narcotic should be used for breakthrough pain. Therefore, the request is not medically necessary.

**1 prescription of Soma 350mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS states that Soma is not a recommended medication and that it is a centrally acting skeletal muscle relaxant and that a major metabolite is Meprobamate which is a schedule IV medicine. It is felt that its effect is probably due to generalized sedating and antianxiety effects. Abuse has been noted and there is concern for the accumulation of Meprobamate. Intoxication can occur and can cause decrease in consciousness and cognition, and abnormalities in gait and motor function. A withdrawal syndrome has also been recognized with this medication. Therefore, the UR committee was correct in refusing to give authorization for this medicine. Therefore the request is not medically necessary.

**1 prescription of Sertaline 50mg #135 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Streamline 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 patient we have depression which is secondary to pain and Zoloft appears to be part of a regimen which is beneficial in controlling pain symptoms. Therefore, the patient should not be limited to just one refill of this medicine but should be able to continue Zoloft for as long as benefit is being accrued. Therefore, the request is medically necessary.