

<b>Case Number:</b>	CM14-0098375		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/24/1999
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work-related injury on August 24, 1999. Subsequently, he developed with chronic back pain. According to a note dated on September 3, 2014, the patient was complaining of ongoing back pain radiating to the left leg. He reported that his medications are working well. He was using pain medications and TENS. His pain severity was rated 9/10 without medications and 7/10 with medications. He reported that he have constipation controlled by medications. He was taking Zanaflex, rigidity, Senokot, Duragesic, Paxil, Gabitril, Topamax, Zolofl and Norco. His MRI of the lumbar spine performed on May 23, 2012 demonstrated lumbar canal stenosis with L4-L5 and L5-S1 discectomy. His physical examination demonstrated lumbar tenderness with reduced range of motion and mild weakness of ankle dorsiflexion bilaterally. The patient was diagnosed with post-lumbar laminectomy syndrome and chronic back pain. The provider requested authorization to use Sertraline

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Sertraline HCL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Antidepressants for chr.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section

(Antidepressants for chronic pain

(<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>)>

**Decision rationale:** Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including excessive sedation especially that which would affect work performance should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic are recommended over selective serotonin reuptake inhibitors. Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for this patient without clear documentation of efficacy, pain and functional improvement. In addition, there is no documentation that the patient is suffering from depression. There is no clear rationale for using Zoloft rather than other tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Zoloft is not medically necessary.