

Case Number:	CM14-0216205		
Date Assigned:	01/06/2015	Date of Injury:	11/29/1996
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: New York
 Certification(s)/Specialty: Internal Medicine

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 was a 55 year old female, who was injured on the job, November 29, 1996. On June 25, 2014, the injured worker presented to the primary physician's office with complaints of bilateral lower back pain, left hip and right hip pain, rating her pain at 6 out of 10; 0 being no pain and 10 being the worse pain. The injured worker states medications are effective as prescribed. The injured worker was complaining about the relocation of her job, concrete floors which makes standing for long period of time difficult and further to drive which was hard on her lower back. The supervisor was made aware and a rubber mat for standing was ordered. According to the progress note of December 3, 2014, the injured workers medications have not changed since at least June 25, 2014 and the injured worker was back to work prior to June 25, 2014. On December 18, 2014 the UR denied prescriptions for Mobic 7.5mg and Zoloft 50mg. The Mobic was denied due to the MTUS guidelines for Chronic Pain anti-inflammatory use for short term. The Zoloft was denied due to the MTUS guidelines for antidepressants and weaning of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg, sixty count with five refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 70.

Decision rationale: The requested medication, Mobic 7.5 is medically necessary for the treatment of the claimant's pain condition. Mobic is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant back and hip pain and per the reviewed documentation the medication has proved beneficial for pain control. The claimant is maintained on the lowest dose of the medication and has no reported side effects. The medication is part of the treatment for her chronic pain condition. Medical necessity for the requested medication has been established. The requested treatment is medically necessary.

Zoloft 50 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 15.

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

Decision rationale: The recommended medication, Zoloft is medically necessary for the treatment of the patient's condition. Per the documentation the patient has neuropathic pain related to her chronic back condition. The medication is part of his medical regimen and per California MTUS Guidelines 2009 anti-depressants particularly tricyclic anti-depressants and antiepilepsy medications are a first line treatment for neuropathic pain. Selective serotonin re-uptake inhibitors (SSRIs) such as Sertraline (Zoloft) are also indicated for the treatment of neuropathic pain. The patient has reported a reduction in her pain with the medical therapy which would be defined as a 50% reduction which represent a good response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.