

<b>Case Number:</b>	CM15-0012390		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is female, who sustained an industrial injury on May 17, 2010. She has reported a shoulder and bilateral knee injury resulting from a slip and fall in the course of her employment. The diagnoses have included major depression, panic disorder, agoraphobia and chronic pain. Treatment to date has included shoulder surgery, physical therapy, anti-depressant medication, pain medication, muscle relaxants, a psychology consultation and regular follow up. Currently, the IW complains of sleep disturbances due to pain and spasms. The documentation submitted reflected that pain should have been resolved and the residual complaints were a feeling of uncertainty of her future and feeling anxious. The diagnosis was major depression. On December 26, 2014, the Utilization Review decision modified a quest for Sertraline 100mg, 60 count with two refills, Clonazepam 2mg, count 75 with two refills and Soma 250mg, 30 count with three refills. The request approved the Sertraline and the Clonazepam without refills and the Soma one month supply for weaning. Sertraline is not recommended by the guidelines for chronic pain but may treat secondary depression; the documentation did not clarify why the medication was ordered. Clonazepam is not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Soma is also not recommended for long-term chronic conditions. The MTUS, ACOEM Guidelines, (or ODG) was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Sertraline 100mg, 60 count with two refills, Clonazepam 2mg, count 75 with two refills and Soma 250mg, 30 count with three refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 100mg #60 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain Page(s): 13-16.

**Decision rationale:** Zoloft is the brand name version of sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs). MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." It is not clear whether the request is for the major depression or for chronic pain. For chronic pain, this medication is not recommended. Therefore, the request for Sertraline 100mg #60 2 refills is not medically necessary.

**Clonazepam 2mg #75 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation mental illness; benzodiazepines

**Decision rationale:** MTUS and ODG states that benzodiazepine (ie Clonazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Clonazepam "Not recommended." Medical records indicate that the patient has been on this medications for a period of time far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Clonazepam is not medical necessary.

**Soma 250mg #30 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain), Page(s): 29, 63-66. Decision based on Non-MTUS Citation Pain; Soma

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 250mg #30 with 2 refills is in excess of the guidelines, and as such, the request is not medically necessary.