

Case Number:	CM15-0114565		
Date Assigned:	06/22/2015	Date of Injury:	08/05/2009
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 57 year old male with an industrial injury dated 08/05/2009. The mechanism of injury is documented as lifting with injury to low back. Diagnoses included degenerative disc disease of cervical and lumbar, radiculopathy of cervical, thoracic or lumbosacral, spinal fusion, failed back surgery syndrome (lumbar), insomnia, depression and chronic pain due to trauma .Prior treatment included laminectomy and discectomy at lumbar 4-5 and lumbar 5- sacral 1, two level fusions. The injured worker states back and neck surgeries have not been all that helpful except the pain in his arms is better. He presents on 04/17/2015 with back pain, which is described as moderate to severe. The injured worker states the pain is worsening. The location of pain is in lower back, arms, legs, neck and thighs. He rates the pain as 10/10 without medications, pain with medications was 4/10 and on average in the past month, he rates the pain as 7/10. The injured worker also noted on a scale of 0-10 the level of pain interference in activities of daily living was rated as a 10. Physical exam noted tenderness of the cervical and lumbar spine. There was pain with range of motion of both the cervical and lumbar spine. His medications included Gabapentin, Nortriptyline, Hydrocodone/Acetaminophen, Methadone, Zoloft, Doxazosin, Avinza, Gemfibrozil and Lisinopril Hydrochlorothiazide. The injured worker reports good ongoing relief with Methadone and Norco combination. He states pain is better controlled and he is less stressed and less irritable. He also reports better sleep. He complained of persistent anxiety for which the provider recommended Zoloft. The provider documents the injured worker's urine drug screen was consistent for prescribed medicines. His CURES was unremarkable and his opiate agreement was up to date. His work status is retired. The treatment plan included medications and follow up. The treatment request is for Hydrocodone/Acetaminophen 10 mg-325 mg # 90 (authorized) and Methadone HCL 5 mg # 180 (authorized). The request for review is Zoloft 50 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Zoloft, a Selective Serotonin and Norepinephrine Reuptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Zoloft 50mg #30 is not medically necessary and appropriate.