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| Case Number: | CM15-0172323 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 02/25/2009 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old female who sustained an industrial injury on 02-25-2009. According to a progress report dated 08-13-2015, the injured worker had been diagnosed with cysts in her uterus that could be related to the recently discovered cancer in her lungs and breast. She recently underwent mastectomy, hysterectomy and oophorectomy on 07-17-2015. She reported that she was still in the process of evaluating and staging her lung cancer. She reported that it was recently confirmed by lung biopsy. She was recently sent for a MRI, but it was not completed due to a reaction to the dye. She was to begin chemotherapy the following day. She reported an increase in anxiety and depression. Low back pain and numbness and tingling of the low back were worsening. She reported numbness and tingling was worse with standing and waking along the L5 and S1 dermatomes. She was status post lumbar epidural steroid injection on 03-10-2015. It provided no relief. She was open to surgical consultation. She had run out of her medications completely at this point since she was not able to return to the clinic the last month. MRI of the lumbar spine on 05-15-2015 showed progressive L5-S1 bilateral foraminal stenosis now severe due to stable small disc protrusion and facet hypertrophy. The foramina appeared to be tight around the normal shaped exiting roots. No change was noted in the L2-3 right paracentral disc extrusion causing mild central stenosis. No change was noted in the L5-S1 small central disc protrusion contacting the thecal sac without effacement. She was a graduate of a Functional Restoration Program and did complete physical therapy. She was no longer using post-operative medications and DEA CURES reports confirmed this. Current medications included Ditropan XL, Sertraline, Gabapentin, Pantoprazole, and Capsaicin cream, Tramadol,

Docusate Sodium and Naproxen. Diagnoses included lumbar disc displacement without myelopathy, neck pain, syndrome cervicobrachial, syndrome cervicocranial, disorders sacrum, sciatica, headache tension, chronic pain not elsewhere classified and long-term use meds not elsewhere classified. A urine drug screen was performed. Prescriptions were given for Gabapentin, Pantoprazole, Capsaicin cream, Docusate Sodium, Sertraline 50 mg #30 with 1 refill, Sertraline 50 mg #30, Tramadol 50 mg #90 increased to three times a day. Documentation shows use of Sertraline dating back to 2014 and Tramadol dating back to 04-14-2015. On 08-25-2015, Utilization Review non-certified the request for Sertraline HCL 50 mg #30 with 1 refill and modified the request for Tramadol 50 mg #90 and certified the request for Docusate Sodium 100 mg #60, Sertraline HCL 50 mg #30, Gabapentin 100 mg #30, Gabapentin 300 mg #30, Pantoprazole 20 mg #30, Capsaicin 0.075% cream #1 and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline HCL 50 mg #30 with 1 refill: 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) SSRIs (Selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: According to the guidelines, antidepressants (SSRIs) such as Sertraline are indicated for depression. It is not indicated for chronic pain. In this case the claimant has developed depression from the chronic pain. The claimant has increased symptoms of anxiety and depression without the medications. Continued use of Sertraline is appropriate and therefore is medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, specific drug list, Opioids for chronic pain.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores with response to medication were not provided. The claimant had been on multiple analgesics along with Tramadol. Chronic use is not indicated and not medically necessary.