

<b>Case Number:</b>	CM15-0041019		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/29/1986
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 66-year-old female, who sustained an industrial injury on 04/29/1986. The injured worker is currently diagnosed as having acute/chronic/recurrent musculoligamentous sprain/strain of the lumbosacral spine now with left greater than right lower extremity radiculitis secondary to underlying degenerative disc disease. Treatment and diagnostics to date has included lumbar spine MRI, left and right L5 selective epidural/nerve root block, and medications. In a progress note dated 12/17/2014, the injured worker presented with complaints of aching low back with left greater than right sided leg pain. The treating physician reported requesting authorization for Nefazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nefazodone 150mg #60 Sig take 2 tablets daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation The U.S.

National Library of Medicine,  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695005.html>.

**Decision rationale:** The most recent report provided is dated 12/17/14 by [REDACTED] and states the patient presents with lower back pain and left greater than right leg pain. The 12/03/14 and 10/17/14 reports [REDACTED] state the patient has fairly severe depression and CRPS. The current request is for Nefazodone 150mg #60 SIG take 2 tablets daily. The reports do not state if the patient is currently working. The U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695005.html> States this medication is a serotonin modulator used to treat depression. This class of medications is also known as a serotonin partial agonist/reuptake inhibitor. The MTUS and ODG guidelines do not specifically discuss the medications. The MTUS pages 13-15 states, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." MTUS SSRIs (selective serotonin reuptake inhibitors) page 107 states the following, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." The 12/03/14 report by [REDACTED] states, the patient has trialed multiple anti-depressants since 1986 and the only effective medication has been Nefazodone which has been used since at least 2005 with improvement in mood the patient estimates at 75%. In this case, guidelines suggest use of SSRI's in treatment of depression secondary to chronic pain. In addition, the treating physician states this medication helps the patient. The request is medically necessary.