

<b>Case Number:</b>	CM13-0025947		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported an injury on 04/05/2007 due to unspecified mechanism of injury. The injured worker had a history of left shoulder pain and back pain. The injured worker had diagnoses of multilevel lumbar disc protrusions, lumbar radiculopathy, multilevel cervical disc protrusions, and cervical radiculopathy. The prior surgeries included bilateral shoulder arthroscopic repair. The past treatments included epidural steroid injection of the lumbar spine, medication, physical therapy of the cervical spine and shoulder region, and a home therapy program. The objective findings dated 07/25/2013 of the bilateral shoulders revealed tenderness on palpation bilaterally with decreased range of motion. Flexion to the left shoulder revealed a 140/180 degrees and abduction of 140/180 degrees. The right shoulder range of motion was flexion 80/180 degrees and abduction 50/180 degrees. The spinal examination revealed tenderness on palpation to the bilateral cervical and lumbosacral spine. Range of motion of the lumbar spine was decreased with forward flexion at 70% of normal, extension also 70% of normal and lateral movement 80% of normal. Positive doorbell's sign at the L4-5 and the L5-S1 bilaterally. Neurological examination revealed decreased mood and affect. Motor exam disclosed a right pronator drift. The sensory pinprick and light touch were symmetrical bilaterally. Coordination, finger-to-toe was normal, heel-to-knee could not be tested. Deep tendon reflexes were 2+ in the upper extremities, 2+ in bilateral knees and absent in the bilateral ankles. The medication included Prozac 20 mg, Prilosec 20 mg, Relafen 750 mg, Docusil 100 mg, Temazepam 15 mg, verapamil 80 mg, Catapres 0.1 mg, Cipro 250 mg, Zoloft 200 mg. No VAS provided. The Request for Authorization was not submitted. The rationale for the medication was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RELAFEN 750MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical notes provided were not evident of efficacy or functional measurements. The clinical notes indicated that the injured worker was prescribed Relafen on 03/813/2013 and again on 07/25/2013. The guidelines indicate for short term use. The request did not address the frequency. As such, the request is not medically necessary.

**CIPRO 250MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious Diseases, Cipro.

**Decision rationale:** The request for Cipro 250 mg is not medically necessary. Per the Official Disability Guidelines, recommend empirical antibiotic treatment for community acquired pneumonia. The clinical notes did not indicate that the injured worker had any acquired pneumonia. The request did not indicate the frequency and the duration. As such, the request is not medically necessary.

**DOCUSIL 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The request for Docusil 100 mg is not medically necessary. The California MTUS indicate that prophylactic treatment of constipation should be initiated. The clinical notes did not indicate that the injured worker had any complaints of constipation or gastrointestinal

issues relating to constipation. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.

**ALEDRONATE 70MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68, 69.

**Decision rationale:** The request for Aledronate 70mg is not medically necessary. The California MTUS indicate that clinician should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. The clinical notes did not indicate a diagnosis or history of peptic ulcer, gastrointestinal bleed or perforation. The request did not address the frequency. As such, the request is not medically necessary.

**ZOLOFT 200MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Zoloft 200 mg is not medically necessary. The California MTUS do 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. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. The documentation did not indicate that the injured worker had depressive issues or did not indicate the VAS. The request did not address the frequency or duration. As such, the request is not medically necessary.