

Case Number:	CM13-0001204		
Date Assigned:	06/04/2014	Date of Injury:	07/15/2008
Decision Date:	07/22/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 7/15/2008. The progress reports provided for review and hand written and not clear with poor legibility. Per primary treating physician's patient status and progress report dated 3/20/2013, the injured worker has back, neck, and scapula pain. Diagnoses include 1) sciatica 2) cervical radiculopathy 3) depression 4) carpal tunnel syndrome 5) shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 50MG QUANTITY 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 16.

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

Decision rationale: Utilization review addressing this request was not provided for review. The injured worker is noted to have neck and back pain, and has also been diagnosed with depression. Antidepressants for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin

reuptake inhibitor (SSRIs) such as Zoloft are effective at addressing psychological symptoms associated with chronic pain. The request is determined to be medically necessary.