

<b>Case Number:</b>	CM13-0009517		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 47-year-old female who reported injury on 08/14/2003. The mechanism of injury was not provided. The patient was noted to have more panic attacks and indicated that the current psychotropic medications were not helping. The impression was noted to include history of failed L5 interbody fusion in 2009, history of gastric bypass surgery, severe anxiety disorder, depression, and insomnia. The request was made for 1 prescription of Zoloft 100 mg #30, 1 prescription of Abilify 10 mg #30, 1 prescription of Savella 25 mg #30, and 1 prescription of clonazepam 1 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Zoloft 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

**Decision rationale:** The Chronic Pain Guidelines do not recommend selective serotonin reuptake inhibitors (SSRIs) as a treatment for chronic pain, but SSRIs may have a role in treating

secondary depression. The clinical documentation submitted for review indicated that the patient had been taking Zoloft. The patient indicated that the anxiety and depression were getting worse. Additionally, the patient stated that the current psychotropic medications the physician was giving her were not helpful. Clinical documentation submitted for review failed to provide the efficacy of the requested medication as the patient stated it was not helpful. Given the above, the request for one (1) prescription of Zoloft 100 mg #30 is not medically necessary.

**One (1) prescription of Savella 25mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Pain Chapter, Online Version, and <http://www.drugs.com/savella.html>

**Decision rationale:** The Official Disability Guidelines indicate that Savella is under study as a treatment for fibromyalgia syndrome. However, clinical documentation submitted for review indicated the physician was giving it to the patient for depression. Given the lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations, the request for 1 prescription of Savella 25 mg #30 is not medically necessary.