

<b>Case Number:</b>	CM13-0013137		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	05/29/2000
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Internal 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 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 65-year-old female who reported an injury on 05/29/2000 with the mechanism of injury being a fall. The physician indicated the patient has depression caused by the pain and disability and was noted to be fearful of the impact of the disability on the future wellbeing. The Zoloft was noted to help with depression and fearfulness. The request was made for prescription for sertraline 100 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 100 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107.

**Decision rationale:** California MTUS guidelines indicate that SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The clinical documentation submitted for review failed to indicate the patient's objective functional benefit from the medication. It was noted Zoloft helped

the patient with depression and fearfulness. Given the lack of documentation, the request for sertraline 100 mg #30 is not medically necessary.