

<b>Case Number:</b>	CM13-0016338		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/1995
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female with a date of injury of 5/4/95. A utilization review dated 7/26/13 recommends non-certification for, "medication review for medication for major depression, as an outpatient including: Zoloft, no frequency or duration specified." A progress report dated 7/15/13 includes subjective complaints which are largely illegible. Objective findings indicate crying. The patient's diagnosis is noted to be major depression and the treatment plan recommends Zoloft. A previous progress report dated 5/6/13 is illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one medication review for medication for major depression, as an outpatient including: Zoloft, no frequency or duration specified: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd; London, England; www.clinicalevidence.com; Section: Mental Health; Condition: Depression in Adults: drug and other physical treatments

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396 and 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** MTUS guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines also indicate that a lack of response to antidepressant medications may indicate other underlying issues. In this patient's case, the documentation submitted for review, provides no evidence of a mental status examination to determine a diagnosis of major depressive disorder, or a history regarding the patient's depressive symptoms. Additionally, there is no documentation indicating whether or not the patient has responded to the current Zoloft treatment, such as the length of prescription, dosage amount, specifically what has been prescribed, and whether the patient has any side effects from its use. In the absence of the documentation cited above, the request is not medically necessary. The request for one medication review for medication for major depression, as an outpatient including: Zoloft, no frequency or duration specified is not medically necessary and appropriate.