

Case Number:	CM13-0041647		
Date Assigned:	12/20/2013	Date of Injury:	02/04/1994
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Psychiatry 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 59 year old female who was injured 2/4/94. She suffered a trauma/ contusion injury to the head, and contusion of the face and eye. She has been diagnosed with Major Depression, Single Episode, Moderate, Nonpsychotic, Chronic and Pain Disorder associated with both Psychological factors and a general medical condition. She has been treated with Zoloft, Buspar, Ativan and Elavil. Under review for medical necessity is Buspar and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4,6,14, 16.

Decision rationale: The wording for Buspar lacked any endpoint in treatment, duration or other limits. The guidelines utilize limits on treatment. The request for Buspar, as written, is not medically necessary as it lacks a quantity.

Zoloft 100mg: 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 and Stress), Sertraline (Zoloft) and Antidepressants for treatment of MDD (major depressive disorder).

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

Decision rationale: Zoloft seems very appropriate for this patient, but the request is worded only for Zoloft 100mg. There is neither quantity nor endpoint to treatment. As such, Zoloft 100 mg is not medically necessary.