

<b>Case Number:</b>	CM13-0042733		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, 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 56-year-old female who reported an injury on 07/25/2012. The patient was diagnosed with acute stress disorder and insomnia. The patient was seen by [REDACTED] on 11/15/2013. The patient presented with complaints of anxiety and mild to moderate depression. Mental Status Examination revealed normal affect, intact memory and normal thought content. Treatment recommendations included the continuation of current medications, including Zoloft 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotropic medication management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that the frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient was missing work. As per the documentation submitted, the patient is pending an appointment with a psychiatrist. The

patient was given a prescription for Zoloft, but was unsure whether she wished to comply with treatment. There was no documentation of the previous response to psychiatric treatment. The number of visits was also not specified in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

**Zoloft (strength and quantity unspecified), up to 200mg/day if necessary:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16 and 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Sertraline (Zoloft®).

**Decision rationale:** The California MTUS Guidelines state that selective serotonin reuptake inhibitors have been suggested in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines state that Zoloft is recommended as a first-line treatment option for major depressive disorder. As per the documentation submitted, the patient does not maintain a diagnosis of major depressive disorder. The patient was issued a prescription for Zoloft 50 mg in 10/2013. Despite the ongoing use, the patient presented to [REDACTED] on 11/15/2013 with persistent complaints of anxiety and moderately severe depression. The patient also reported nervousness and insomnia. It was also noted on 11/15/2013 that the patient was unsure if she wished to comply with treatment with Zoloft. Based on the clinical information received, the request is non-certified.