

Case Number:	CM13-0051203		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	02/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This case involves a 31 year old female who was injured on 7/27/10. The patient has had both depression and pain. She reported increased low back pain following an instance of turning a washing machine. She has been treated with Zoloft, Ativan, and Ambien. In the past, she received Lunesta, Xanax, Percocet, Cymbalta, and Vistaril. She received lumbar fusion surgery on 1/17/11, from [REDACTED]. She has had surgical complications. She remained in psychiatric treatment with [REDACTED]. He changed her medication to Zoloft, which was of benefit to her. She was seen in February 2012 by a panel qualified medical evaluator in psychiatry, [REDACTED], [REDACTED]. [REDACTED] recommended psychiatric treatment. In August 2013, she reported feeling less anxious. In September 2013, she reported being able to sleep six solid hours per night. She reported crying on occasion, but felt less depressed, overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines address the use of SSRI medications as follows: "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." Zoloft (sertraline) is a selective serotonin reuptake inhibitor (SSRI) antidepressant. In this case the patient received clinical benefit, and presumably an increase in function while on Zoloft. Previous reviewers have taken issue with chronic benzodiazepine use in this patient. Zoloft has the advantage of treating anxiety in accordance with guidelines over long periods of time. It seems to be helpful for this patient, and is recommended by the MTUS; therefore, it is medically necessary.