

Case Number:	CM13-0052544		
Date Assigned:	12/27/2013	Date of Injury:	08/31/1999
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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:

This involves a female whose date of birth is unknown. The patient has been treated with Zoloft and Lunesta for over one year with good results. She has suffered industrial accidents and has been treated long term with steroids. She has hypertension and renal disease. She has been diagnosed with Major Depressive Disorder, Moderate (296.22) and suffers from insomnia, sleeping only five hours per night. She has diabetes as well. At issue is the medical necessity of Zoloft 50 mg for six months and Lunesta 3mg for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg for 6 months: 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 Page(s): 107.

Decision rationale: Zoloft is an SSRI. This patient has been on Zoloft for over a year and has responded favorably to it. The guidelines cited below support use of Zoloft. As such, it is medically necessary as requested for six months.

Lunesta 3mg for 6 months: Upheld

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

Decision rationale: The patient has been on lunesta over a year. That exceeds the guidelines cited below and as such lunesta is not medically necessary.