

Case Number:	CM13-0055684		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2008
Decision Date:	12/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, 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 expert 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 who was injured on 01/08/2008 while lifting her patrol bike from the back of a truck, she injured her left shoulder. Prior treatment history has included Alprazolam, Zolpidem and Risperidone which helped to relieve her symptoms. Psych note dated 11/18/2013 indicates the patient was seen for treatment of major depressive disorder and severe psychiatric symptoms as a result of her orthopedic injury. She reported difficulty with depression, anxiety, and sleep due to the abrupt discontinuation of her medications. She did report outside stressors are increasing her anxiety and depressive state. On exam, her psychological insight was limited but her social judgment was intact. Her mood was dysphoric and she was tearful at times. She obtained a score of 112 on Sheeham Anxiety scale and a 42 on Beck depression inventory. She was diagnosed with major depressive disorder, single episode, severe; psychosocial stressors; persistent orthopedic pain; death of her mother; difficulty obtaining her psychotropic medications and home foreclosure. She has a global assessment of functioning score of 50. Prior utilization review dated 10/21/2013 states the request for 1 Prescription of Sertaline Hcl 50mg, #90 is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RETROSPECTIVE PRESCRIPTION OF SERTALINE HCL 50MG, #90 (DOS: 09/03/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Sertraline is a SSRI used in the treatment of major depression, PTSD, OCD, and several other psychiatric diseases. The clinical documents clearly identify the patient as having significant psychiatric disease, major depression, and chronic pain. The documents were detailed in terms of the patient's history but contained no dates or timeframe for the events or medication history. It is unknown which psychiatric medications the patient has been on in the past and which medications are current. There was an inadequate discussion of Sertraline. It is unknown if the patient has been on Sertraline and if so what was the response to therapy. Based on the guidelines and clinical information provided, the request as stated is not medically necessary.