

Case Number:	CM13-0066889		
Date Assigned:	01/03/2014	Date of Injury:	05/05/2009
Decision Date:	07/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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:

This is a 40-year-old female with a 5/05/09 date of injury. She is status post a rotator cuff repair on 2/2/10. The patient was seen on 9/9/13 where it was noted that her mood was stable with her medications and group therapy. The patient was noted to lack energy and motivation. She has crying spells, sadness, fatigue, and irritability. She was also noted to worry excessively, insomnia, anhedonia, stress, and decreased appetite. Exam findings revealed depressed and anxious mood, tearfulness, preoccupation about her physical condition, apprehension, and body tension. The patient was again seen on 9/28/13 where her mood was noted to improve by 25 % and she wanted to continue her medications. She stated she has been "good". Exam findings were noted to be unchanged. Treatment to date: medications, therapy, CTR, RCRA UR decision dated 12/06/13 denied the request for Trazodone given there is no clear-cut evidence to recommend Trazodone as a first line treatment for insomnia. The request for Zoloft was denied given SSRI's have not shown to be effective for low back pain. In addition, the patient is on two antidepressants and it was recommended that the use of duplicate medications should be reassessed in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT (SERTRALINE) 150MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health Chapter-Antidepressants.

Decision rationale: CA MTUS states that SSRI's 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. This patient is using this medication for depression. SSRI's are a mainstay and first line treatment of depression and anxiety disorder, which this patient has. This patient still has depression symptoms, however she is stable on this medication and noted a recent improved mood with her medication combination of 25%. In addition, she would like to continue her medication regimen. Stopping an SSRI abruptly can lead to serotonin withdrawal syndrome as well as cause an acute exacerbation of the patient's depression, and discontinuation of any antidepressant should be taken with caution in patients with major depressive disorder. In addition, often multiple medications are needed in order to control the symptoms of depression. With regard to the request for Zoloft, medical necessity was met.

TRAZODONE (DESYREL) 50MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 11/18/13), Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Mental Illness & Stress Chapter Trazodone.

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. This medication can be used in combination with other antidepressants for depression and anxiety. The patient still has symptoms of depression however, treatment of depression can often involve multiple medications and the patient states she is good on this medication. Stopping it abruptly could result in an acute depressive episode. Therefore, with regard to the request for Trazodone, medical necessity has been met.