MAXIMUS Federal Services

Case Number:	CM14-0009857		
Date Assigned:	02/21/2014	Date of Injury:	08/04/2005
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 ABFP 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 male patient sustained a work injury on 8/4/05 involving the lumbar spine that resulted in chronic pain syndrome. He had developed lumbar facet syndrome and underwent laminectomy after which he developed post-laminectomy syndrome. The pain had been managed with Lyrica, Lidoderm and OxyContin. Since the time of the injury, the patient has been taking Zoloft to help with depressive symptoms. A psychological progress note on 11/20/13 indicated that when he stops the Zoloft, his mood worsens and he was concerned that his Zoloft had not been authorized for 2 months. The treating psychologist recommended working on stress management. He was continued on Zoloft 100 mg daily until January 2014 where he reduced it to 50 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Anti-Depressants Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-Depressants.

Decision rationale: In this case, the patient had poor mood when he was off of Zoloft. The use of Zoloft for depression related to chronic pain has been suggested. The patient has been on a chronic dose of 100mg Zoloft and began tapering the medication in January 2014. There is no mention of trying tricyclic, which have been shown to be slightly better than SSRIs. In addition, there was no specific indication from the psychologist regarding goals, management or indication for Zoloft at 100mg. The primary treating physician had maintained that dose with specific documentation regarding depression evaluation and pain control as it relates to Zoloft. The 100 mg Zoloft is not medically necessary based on the above guidelines and clinical information.