

Case Number:	CM14-0100716		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2004
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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:

This is a 33-year-old female with a 3/11/04 date of injury. The mechanism of injury occurred when she slipped on a wet floor and injured her back, upper, and lower extremities. According to a psychological evaluation report dated 6/30/14, the patient endorsed subjective psychological symptoms of depression, anxiety, social withdrawal, low motivation, negative rumination, crying spells, and thoughts of worthlessness. Objective findings: patient presented with a depressed mood and a congruent affect, tearful during interview; psychological testing revealed severe hopelessness, severe depression, and severe anxiety. Diagnostic impression: major depressive disorder, anxiety disorder, personality disorder. Treatment to date: medication management, activity modification, physical therapy, home exercise program, acupuncture, psychotherapy. A UR decision dated 6/18/14 denied the request for Sertraline. There is no documentation of a recent patient assessment that addresses the medical necessity of the requested Sertraline. Notably, SSRIs have not been shown to be effective for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Sertraline 25mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) and Specific Anti.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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. It is noted that the patient has a diagnosis of major depression. Guidelines support the use of SSRIs, such as Zoloft, for the treatment of depression. Therefore, the request for 30 Tablets of Sertraline 25mg is medically necessary.