

Case Number:	CM14-0100775		
Date Assigned:	07/30/2014	Date of Injury:	08/27/1999
Decision Date:	09/16/2014	UR Denial Date:	06/11/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 45-male who reported an injury on 08/27/1999, when the fire truck he was a passenger in swerved, rolled over and went down an embankment. The injured worker had a history of neck and low back pain. The injured worker had diagnoses of chronic lower back pain, chronic left shoulder pain, chronic right shoulder pain and knee pain. The MRI of the lumbosacral dated 02/06/2000 revealed bilateral spondylosis pars interarticularis of the L5, with a grade 8 mm anterior spondylolisthesis and bilateral foraminal encroachment along with facet joint degenerative arthropathy with extensive degeneration of the L5-S1 disc. The past surgical procedures included a lumbar fusion at L4-5 and L5-S1 dated 2004, a fusion at the S1 in 2007, and hardware removal dated 01/19/2010. The past treatments included physical therapy 13 sessions, epidural steroid injections, as well as facet joint injections, trigger point injection, bone growth stimulator. loss The clinical notes dated 05/21/2014, the objective findings revealed good strength to the leg, decreased weight, able to perform heel to toe walk, with medication able to go to the gym and be function The medications included Norco 10/325 mg, Relafen 725 mg, Neurontin 800 mg, Zoloft 15 mg and Soma. The injured worker rated his pain a 4/5 using the VAS. The treatment plan included medications, follow-up in 2 months and continue exercise with weight The Request for Authorization dated 07/30/2014 was submitted with documentation. The rationale for the Zoloft was to allow the injured worker to remain functional and exercise despite pain, increase his activity and performing household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Zoloft 50 mg # 60 is not medically necessary. The California MTUS do not recommended as a treatment for chronic pain, but selective serotonin reuptake inhibitors may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of selective serotonin reuptake inhibitors may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of selective serotonin reuptake inhibitors and pain. Selective serotonin reuptake inhibitors have not been shown to be effective for low back pain. Per the documentation provided, the injured worker is going to the gym 5 days a week and a coach for wrestling. The guidelines do not recommend Zoloft as a treatment for chronic pain. The request did not indicate the frequency. As such, the request is not medically necessary.