

Case Number:	CM14-0018642		
Date Assigned:	04/18/2014	Date of Injury:	05/22/2008
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Emergency Medicine and is licensed to practice in New York. 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 65-year-old female who was injured on May 22, 2008. The patient continued to experience pain in her neck, left shoulder, bilateral wrist and lower back. Physical examination was unremarkable. Diagnoses included depression, cervical sprain/strain, myofascial pain, lumbosacral spine myoligamentous sprain/strain, and chronic periodontitis. Treatment included medications, psychotherapy and acupuncture. Requests for authorization for levothyroxine 25 mcg and Sertraline 100 mg were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEVOTHYROXIN 25MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22, 67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Levothyroxine is a a medicaton use for thyroid replacement for treatment of hypothyroidism. In this case there is no documentation that the patient is suffering from hypothyroidism. TSH, T4, and T3 levels are not present in the medical record. There is no

indication for thyroid hormone replacement therapy. The request is not medically necessary or appropriate.

SERTRALINE 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES , 15-16.

Decision rationale: Sertraline is a selective serotonin reuptake inhibitor. (SSRI). Indication for use includes major depressive disorder. It is not indicated for mild disease. Major depressive disorder is diagnosed when there at least two weeks of depressed mood and loss of interest or pleasure in nearly all activities. Four of the following seven symptoms must also be present: changes in appetite and weight, sleep disturbance, psychomotor agitation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, and recurrent thoughts of death or suicidal ideation. In this case there is documentation that the patient is having difficulty sleeping. There is no documentation that the other conditions exist. The criteria for the diagnosis of major depressive disorder are not present. Medical necessity for sertraline is not established.