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| <b>Case Number:</b>   | CM14-0019678 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 08/30/2010 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive 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 Physician 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 claimant is a represented [REDACTED] employee who has filed a claim for prolonged post-traumatic stress disorder reportedly associated with an industrial injury of August 30, 2010. Thus far, the claimant has been treated with the following: Multiple classes of psychotropic medications, including Adderall, Lunesta, and Desyrel; analgesic medications; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated February 6, 2014, the claims administrator reportedly partially certified Zoloft for weaning purposes on the grounds that the applicant reportedly did not carry a definitive diagnosis of post-traumatic stress disorder for which Zoloft would be indicated. A follow-up psychopharmacology report of August 12, 2013 was notable for comments that the applicant still had issues with irritability, depression, and sleep disturbance. It was stated that the applicant was trying to exercise twice a week, was trying to reach out socially, and was trying to pay his bills. The applicant was on Adderall, Desyrel, Lunesta, Norco, and Xanax, as of that point in time. In a January 29, 2014 ENT note, the applicant was given a 9% whole-person impairment rating secondary to hearing loss. Multiple other mental health progress notes were reviewed, including those dated January 9, 2014, December 18, 2013, December 10, 2013, November 7, 2013, and October 10, 2013. The applicant was described as using a variety of psychotropic medications, including Adderall, Desyrel, Lunesta, and Xanax. There was no mention made of Zoloft. The applicant was described to be using Norco quite sparingly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLOFT 50-200MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): MENTAL ILLNESS & STRESS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do indicate that brief courses of antidepressants may be helpful to alleviate symptoms of depression, in this case, however, the attending provider has not alluded to or mentioned usage of Zoloft on any recent progress note provided. The majority of progress notes on file allude to the employee's using a variety of other psychotropic and analgesic medications, including Adderall, Desyrel, Lunesta, Norco, and Xanax. No rationale or justification for usage of Zoloft was proffered. The attending provider has not made any attempt to justify addition of Zoloft to the employee's psychotropic medication regimen. While Zoloft could have been supported with some accompanying rationale or commentary, in this case, however, no such commentary, rationale, or mention of Zoloft was made on the progress notes in question. Therefore, the request is not medically necessary owing to lack of supporting information.