MAXIMUS Federal Services

Case Number:	CM14-0110643		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2010
Decision Date:	11/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 41 year old employee with date of injury of 9/29/2010. Medical records indicate the patient is undergoing treatment for DDD of the lumbar spine, lumbar back strain, depression, hypertension, rheumatoid arthritis and he is overweight. Subjective complaints include pain in the posterior neck, lower back with radiation to anterior thighs. Pain will wake him up at night. He has to be careful to lift anything. He says he is depressed and anxious. He complains of migraine headaches although he has responded well to Lisinopril daily. He says Nabumetone does not help with pain and Ibuprofen helps somewhat. Objective findings include full range of motion in the neck and back. His back has no palpable spasm. DTR symmetrical exc bilat depressed ankle reflexes. He has tenderness in the posterior and lumbar paraspinal muscles. Treatment has consisted of Tramadol. He was on Cymbalta, but there was no documentation of improvement. The utilization review determination was rendered on 6/17/2014 recommending non-certification of Sertraline 50 mg daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50 mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 13,16 107.

Decision rationale: Zoloft is the brand name version of sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs).MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), 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 SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain."The medical records indicate that the patient was taking Cymbalta on 2/1/14 with no evidence of improvement. Medical records lack mental health evaluation and treatment notes that would indicate the use of the SSRI solely as a behavioral health treatment, which an SSRI may or may not be appropriate. As such, the request for Zoloft 50 mg #30 is not medically necessary.