

<b>Case Number:</b>	CM14-0159904		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice 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 73 year old employee with date of injury of 11/27/2000. Medical records indicate the patient is undergoing treatment for hypertensive cardiovascular disease; asymptomatic coronary artery disease with left bundle branch block and tendency to supraventricular extrasystoles and atrial flutter and fibrillation with intermittent heart block. Subjective complaints include increased edema. Objective findings include a pulse rate of 56, right arm BP is 140/80 and left arm 130/80. The patient is overweight. A fundoscopic eye exam showed arteriolar narrowing. He has a minimally enlarged, smooth and symmetrical prostate gland. Extremities show +1 edema. Medical records lack mental health evaluation (Beck Depression Inventory Score) and objective findings of mood. Treatment has consisted of Norco; Coreg; Amlodipine; Lasix, Furosemide, potassium chloride, Amlodipine, Valsartan/HCT, Warfarin, Ventolin inhaler and Klor-Con. The utilization review determination was rendered on 9/4/2014 recommending non-certification of Zoloft 150 MG #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 150 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-1.

**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 treating physician does not detail the current condition being treated, objective functional improvement while taking the medication. Medical records lack mental health evaluation (Beck Depression Inventory Score) 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 50mg #30 is not medically necessary.