

<b>Case Number:</b>	CM14-0165650		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Interventional Spine 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 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 66 year old female with date of injury 4/12/11. The treating physician hand written report dated 5/19/14 indicates that the patient presents with pain affecting the right leg 4-5/10 and left arm 4-5/10. The physical examination findings state "left wrist painful." There are also numbers written that appear to be grip strength notation of left 15, 15, 15 and right 40, 35, 45. Prior treatment history includes usage of Norco and Tramadol. The current diagnoses are sprain left wrist and right tibial tendinitis. The utilization review report dated 9/19/14 denied the request for Sertraline HCL 50mg #30 based on lack of documentation showing medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline HCL 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Sertraline (SSRI)

**Decision rationale:** The patient presents with chronic right leg and left arm pain that occurred when she tripped over a chair at work. The current request is for Sertraline HCL 50mg #30. The treating physician report dated 5/19/14 does not discuss the usage or prescription of Sertraline. The only medications discussed were stated as, "Meds: Norco, Tramadol." The MTUS guidelines do not address Sertraline. The MTUS guidelines state "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." In this case the treating physician has not documented that the patient is being treated for depression and there is no diagnosis for depression. Sertraline is not recommended for the treatment of chronic pain which this patient has been diagnosed with. Recommendation is for denial.