

Case Number:	CM14-0168079		
Date Assigned:	10/15/2014	Date of Injury:	07/10/2010
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Practice, and is licensed to practice in Ohio. 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 injured worker is a 53-year-old male with a data entry at July 10, 2000. The actual mechanism of injury can be found documentation. The injured worker complaints of neck pain, back pain, left knee pain, difficulty sleeping, and depression. He underwent back surgery of some sort in 2010. He had a partial medial meniscus removal in 2011 and again at left knee surgery in 2013. He has been treated with Ultram and Anaprox for pain and has been given Zoloft for depression. The combination of tramadol and Anaprox is said to decrease his pain by 60% to 100%. It is noted that the injured worker has returned to work. It is also said pain medication allows him to chores at home and participate in therapy. With regard to depression, the PCHQ-9 scores have ranged from 9 (mild depression) to 14 (moderate depression) while taking Zoloft 50 mg twice a day. The physical exam reveals tenderness to palpation and spasm of the cervical spine with diminished range of motion. Upper and lower extremity neurologic findings have been normal. The left knee reveals medial joint line tenderness, a positive McMurray's sign, and diminished flexion. The diagnoses include depression NOS, post-concussive syndrome, cervical disc bulge, neck pain, cervical myofascial pain, lumbar disc disease, and a left medial meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg, #60: Overturned

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 and Stress Chapter, Sertraline (Zoloft)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Antidepressants

Decision rationale: There is an increased risk of depression in people with a physical illness, and depression is associated with reduced treatment adherence, poor prognosis, increased disability and higher mortality in many physical illnesses. The Cochrane review provides evidence that antidepressants are superior to placebo in treating depression in physical illness. Antidepressants such as Zoloft are recommended for treating depression in those with chronic illness. In this instance, there is clear evidence from the medical record that the injured worker has depression and that the Zoloft has been beneficial, especially initially in 2011. Therefore, Zoloft 50 mg #60 is medically necessary.

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: For those requiring chronic opioid therapy, it is recommended that there be ongoing assessment of pain relief, functionality, adverse medication side effects, and for any average drug taking behavior. Opioids may be continued when there is improvement in pain and functionality and/or injured worker has returned to work. This instance, substantial pain relief has been documented, and improvement of functionality occurs it seems as a consequence of the opioids, and the injured worker has returned to work. Therefore, Ultram 50mg #120 is medically necessary.