MAXIMUS Federal Services

Case Number:	CM14-0185153		
Date Assigned:	11/13/2014	Date of Injury:	06/18/2007
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 Medicine, and is licensed to practice in North Carolina. 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 is a 57 year old female who suffered a work related injury on 06/18/2007. She has diagnoses of neck sprain and strain, pain in the shoulder region, other and unspecified disc disorder of lumbar region, thoracic/lumbosacral neuritis/radiculitis unspecified and unspecified backache. In the past the injured worker has been treated with tailbone injections which had helped. In 2011 the injured worker received Magnetic Resonance Imaging of the lumbar spine with revealed multiple levels with disc bulges, disc space narrowing and endplated and facet spurring. In addition she has received Magnetic Resonance Imaging of the shoulder on 10/25/2012 which revealed changes involving the supraspinatus and infraspinatus tendons, acromioclavicular joint degenerative arthritic-type changes with 2-3 mm spur formation along the undersurface of the acromioclavicular joint. In the documentation of the physician notes presented from 05/18/2014 to 10/22 2014 the injured workers pain has remained the same. She continues to complain of pain in the neck and lower back pain. There has been increased tailbone pain. Activity level is the same. She continues with treatment with medications. Physical therapy will start in the near future and an appointment with neurologist is to be scheduled. In the physician documentation dated 10/27/2014 the injured worker has been having increased tailbone pain, and when her pain gets bad it radiates down her legs. The request for authorization on 10/28/2014 is for Zoloft 50 mg daily, #30, with 3 refills. Utilization Review modified the request for Zoloft 50mg 1 daily with 3 refills to Zoloft 50mg 1 day with 2 refills on 10/30/2014. Cited was MTUS, Chronic Pain Medical Treatment Guidelines. MTUS notes that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Partial certification is provided to allow an opportunity for submission of medication compliance guidelines including ongoing efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SSRI medications, such as the sertraline prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records do not appropriately address any comorbid depression or response to the Zoloft of either pain or depression. Without this documentation sertraline #30, 3 refills are not medically necessary.