

<b>Case Number:</b>	CM14-0021345		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Psychiatry 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 injured worker is a 56 year old female with date of injury 6/20/2007. Date of UR decision was 01/23/2014. Mechanism of injury was transferring a patient from bed to wheelchair which resulted in lower back injury. Report from 12/9/2013 indicates that IW continues to deal with ongoing and persistent neck pain, back pain, depression, headaches and numbness of upper and lower extremities. A psychologist progress report from 09/23/2013 states that the injured worker continues to report episodic panic attacks and numerous vague somatic complaints a diagnosis of Major Depressive disorder, single episode is given. The mental status examination is within normal limits. It suggests that the plan is to continue to the medications which are not listed in that report. PR from 07/22/2013 suggests that Zoloft was discontinued and injured worker was started on Cymbalta and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TABLETS OF SERTRALINE 25 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS DRUGS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Mental & Stress, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** A report from 12/9/2013 indicates that the injured worker continues to deal with ongoing and persistent neck pain, back pain, depression, headaches and numbness of upper and lower extremities. A psychologist progress report from 09/23/2013 states that the injured worker continues to report episodic panic attacks, and numerous vague somatic complaints a diagnosis of Major Depressive disorder, single episode is given. It appears that sertraline was discontinued back in July 2013, but seems to be restarted again at a low dose of 25mgs. Since the injured worker continues to suffer with symptoms of depression, anxiety, panic etc.; the use of Sertraline/Zoloft 25 mg is medically necessary at this time.