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| Case Number: | CM14-0033119 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/19/2001 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/19/01. A utilization review determination dated 2/6/14 recommends non-certification of Zoloft. 2/21/14 medical report identifies chronic neck pain with BUE radiation, low back pain with BLE radiation, and ongoing headaches. On exam, there was paraspinal tenderness and limited ROM. Positive Tinel's and Phalen's on the right. "The patient had a positive response to medications which help the patient function... Since the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment, I do believe he should be authorized for treatment as requested." A rationale for multiple medications was provided, but a rationale for Zoloft was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg Sig: 1 tab once daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Regarding the request for Zoloft, CA MTUS notes that SSRI antidepressants are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating

secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. Within the documentation available for review, there is no documentation of secondary depression responding to treatment with Zoloft or another clear rationale for its use to treat this patient's condition. In the absence of such documentation, the currently requested Zoloft is not medically necessary.