

Case Number:	CM14-0046507		
Date Assigned:	07/02/2014	Date of Injury:	04/20/2009
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 73-year-old male who reported an injury on 04/20/2009 due to an unknown mechanism. The diagnoses were osteoarthritis, hyperlipidemia, overweight, history of prostatectomy, prostate cancer, health maintenance examination, bilateral cataracts, acute coronary syndrome, ventricular tachycardia, sustained, left main coronary artery disease, urinary tract infection, pneumonia, organism unspecified. Past treatments for the injured worker were medications and aqua therapy. Diagnostic studies were not submitted for review. Surgeries were selective left coronary angiography, interpretation of coronary angiography, hemostasis device deployment-TR band, and percutaneous coronary intervention of mid left main with a drug eluting. The injured worker had an automatic implanted cardioverter defibrillator on 02/03/2014. The physical examination on 02/17/2014 revealed a cooperative, non-distressed injured worker. The examination revealed regular heart rate and rhythm. The injured worker was on Celexa and was switched over to Zoloft due to risk for QT prolongation, recurrent ventricular tachycardia. The treatment plan was for Zoloft 25 mg, quantity of 90, with refills times 3. The rationale was to replace Celexa with the Zoloft to decrease the risk for QT prolongation found in ventricular tachycardia. The patient's medications included Acetaminophen, Amiodarone, Ammonium lactate, Aspirin, Atorvastatin, Bupropion, Clopidogrel, Diclofenac, Donepezil, Fenofibrate, Fentanyl, Hydrocodone-acetaminophen, Irbesartan, Lorazepam, Memantine, Metoprolol, Sertraline and Tolterodine. The treatment plan was to switch Celexa for Zoloft due to ventricular tachycardia. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 25mg #90, Refills #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

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

Decision rationale: The California Medical Treatment Utilization Schedule states for antidepressants, it is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation, should be assessed. Antidepressants are also recommended for the treatment of non-neuropathic pain. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. There was no noted documentation why the injured worker was taking an antidepressant. In the past, the injured worker had symptoms of narcolepsy and daytime fatigue. The request submitted did not indicate a frequency for the medication. The request also included 3 refills which would allow for an adequate re-assessment of the injured worker to determine efficacy given this was a new prescription. Therefore, the request is not medically necessary.