

Case Number:	CM14-0049290		
Date Assigned:	07/02/2014	Date of Injury:	08/28/2007
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 60-year-old male who reported an injury on 08/28/2007. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments included psychotherapy. The injured worker's diagnoses were noted to be major depression and pain disorder. The injured worker had an evaluation on 03/06/2014. He complained of fatigue, weakness, visual difficulties, and grinding of his teeth. The injured worker continued to complain of anxiety, fear, denial, uncertainty, depression, anger, apprehension, and feeling overwhelmed. In addition, he complained of confusion, blaming others, poor attention, nightmares, poor decisions, lower alertness, memory problems, poor concentration, poor problem solving, and/or abstract thinking. The clinical evaluation failed to provide objective findings. The action plan was to use Abilify, Klonopin, and Zoloft. The injured worker was also referred back to psychotherapy. The provider's rationale for the requested medication was provided within the documentation dated 03/06/2014. A Request for Authorization for medical treatment was not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50mg #90 for thirty (30) days: 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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend selective serotonin reuptake inhibitors (SSRIs) for treatment of chronic pain, but they 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. More information is needed regarding the role of SSRIs and pain, as SSRIs have not been shown to be effective for low back pain. The documentation failed to provide an objective assessment of the injured worker. In addition, the request fails to provide a frequency. Therefore, the request is not medically necessary.