

<b>Case Number:</b>	CM14-0063996		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine & 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 54-year-old female with a reported dated injury on 05/28/1999. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include cervicalgia, shoulder joint pain, and lower leg joint pain. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 04/03/2014 revealed the injured worker complained of pain at the base of her neck that radiated into the right mid-scapular region. The pain without her medications was 9/10 to 10/10 and with her current medications it was 6/10. The injured worker complained of some chronic paresthesias in the left hand secondary to a prior left carpal tunnel surgery and ulnar nerve release. The injured worker revealed she was able to transfer and ambulate without difficulty. The physical examination revealed slightly limited range of motion to the neck at end range due to myofascial pain. The injured worker had slight range of motion limitation to the right knee at end range due to pain. She had a moderate effusion and tenderness to palpation of the lateral joint space of the right knee. The Request for Authorization form dated 03/04/2014 was for Zoloft 50 mg 1 daily 30; however, the provider's rationale was not submitted within medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft (sertraline HCl) 50mg Tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Reuptake inhibitors, Tricyclic Antidepressants Page(s): 122.

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

**Decision rationale:** The request for Zoloft (Sertraline Hydrochloride) 50 mg tablets is not medically necessary. The injured worker has been utilizing this medication since at least 11/21/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agents 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 not include not only pain outcomes, but also an evaluation of function. Function changes needs of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding treatment efficacies such as pain outcomes, improved functional status, and sleep quality and duration. Additionally, the request failed to provide a frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.