

Case Number:	CM13-0029519		
Date Assigned:	11/01/2013	Date of Injury:	12/01/2006
Decision Date:	11/16/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 55-year-old male who sustained an industrial injury on 12/01/2006. Diagnoses include cervical radiculopathy, neck pain, low back pain, chronic pain syndrome, myofascial pain, major depressive disorder single episode moderate, insomnia type sleep disorder due to pain, and male hypoactive sexual desire disorder. Treatment to date has included medication including Zoloft, Ativan, Seroquel, Zyprexa, and Latuda. On 01/31/2013, he was certified for six CBT sessions. On 05/31/2013, he complained of depression and decreased sleep due to pain. The treating physician requested authorization for Zoloft, Ativan, and Seroquel. UR of 09/10/2013 noncertified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Zoloft. Official Disability Guidelines Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Zoloft (sertraline) is an SSRI antidepressant, which are first line agents in the treatment of major depressive disorder. No recent documentation has been provided which shows the patient's current medical/psychiatric condition to justify medical necessity. This request is not medically necessary.

Ativan refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use due to the potential for abuse and dependence. Guidelines restrict use to two to four weeks. No recent documentation has been provided which shows the patient's current medical/psychiatric condition to justify medical necessity. This request is not medically necessary.

Seroquin refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Seroquel. Official Disability Guidelines Mental Illness & Stress Antipsychotics.

Decision rationale: Antipsychotics are not recommended as first line treatment. Seroquel is used off label in the community as an augmenting agent to an antidepressant, as well as for insomnia. No recent documentation has been provided which shows the patient's current medical/psychiatric condition to justify medical necessity. This request is noncertified.