

<b>Case Number:</b>	CM14-0187709		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/16/2006
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/16/06. Treatments have included multiple shoulder surgeries. He underwent arthroscopic left shoulder surgeries in September 2006, January 2007, March 2008, April 2010, and May 2011. He underwent a right rotator cuff repair in March 2014. After his last surgery he participated in a course of physical therapy. He was seen by the requesting provider on 10/23/14. He had discontinued all medications. He had increasing depression after he stopped taking Zoloft. There had been improvement after it was restarted. He had completed physical therapy treatments. Physical examination findings included decreased shoulder range of motion bilaterally with bilateral cervical paraspinal muscle tenderness. Zoloft was refilled. Previously prescribed medications included Norco 10/325 mg three times per day, Neurontin 600 mg three times per day, and Zoloft 100 mg per day. He was also receiving primary care treatment for diabetes, hypertension, and GERD. Medications being prescribed by his primary care physician included Bupropion SR 150 mg three times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 50mg [take 1 tab daily for a week then 2 tabs daily]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs) (Zoloft).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder); Mental Illness & Stress, Bupropion (Wellbutrin); Mental Illness & Stress, Sertraline (Zoloft)

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic pain. He is also being treated for depression. Medications include Bupropion. Zoloft had previously been prescribed. According to the Official Disability Guidelines, antidepressant medication is recommended for the treatment of major depressive disorder. Bupropion and Zoloft are recommended as a first-line treatment options. In this case, the claimant is already being prescribed Bupropion at a maximum dose. He had previously taken Zoloft with reported benefit and with a worsening of symptoms after it had been discontinued. Therefore, the prescribing of Zoloft is medically necessary.

**Medications with refills:** 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 Medications for chronic pain Page(s): 60.

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic pain. The claimant had discontinued medications which had included Norco 10/325 mg three times per day and Neurontin 600 mg three times per day. MTUS Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple medications, it would not be possible to determine whether any derived benefit was due to a particular medication. Therefore, the requested unspecified medication refills is not medically necessary.