

Case Number:	CM14-0188515		
Date Assigned:	11/19/2014	Date of Injury:	10/26/2011
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice 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 41 year old male claimant who sustained a work injury on 10/26/11 which involved the low back, shoulder, neck and ribs. He had cervical, thoracic and lumbar degenerative disease as well as a rib fracture. Due to his injury he had anxiety and depressions for which he had taken Xanax and Zoloft. A psychiatric evaluation on 10/6/14 indicated the claimant had undergone psychotherapy and would benefit from continuing this. He had sustained a moderate behavioral impairment due to the injury. There was mention of the possibility that the claimant has contemplated suicide. He was diagnosed with moderate depression on a Beck's Depression inventory. There was evidence of Dysthymia as well as marital stress. The physician requested continuation of Zoloft and Xanax for his mood and behavioral findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 25mg #30 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13,14,16. Decision based on Non-MTUS Citation Official Disability Guidelines ODG , Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental disorder and SSRI

Decision rationale: Zoloft is recommended as a first-line treatment option for major depressive disorder. The American Psychiatric Association strongly recommends anti-depressant medications for moderate presentations of MDD. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In this case, the claimant had depressive symptoms. The psychiatrist believed the claimant may have contemplated suicide. Zoloft is appropriate and medically necessary along with the psychotherapy recommended.