

Case Number:	CM14-0192810		
Date Assigned:	11/26/2014	Date of Injury:	06/21/2002
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 57-year-old female, with a reported date of injury of 06/21/2002. The results of the injury were neck pain, back pain, bilateral hand pain, bilateral shoulder pain, and anxiety. The current diagnosis was not found in the medical records provided for review. The past diagnoses include degeneration of the cervical intervertebral disc, chronic pain syndrome, and degeneration of the lumbar intervertebral disc. Treatments have included hydroxyzine HCL 50mg, Ibuprofen 800mg, Zolof 100mg, and suboxone 4mg-1mg. The medical record dated 03/07/2014 indicates that the injured worker had neck, back, bilateral hand, and bilateral shoulder pain, with radiation to the right lower extremity. She rated her pain 4 out of 10. It was noted that the injured worker denied feeling depressed or anxious; however, the pain interfered with her sleep. The physical examination revealed a normal mood and affect. The treating physician noted that the suboxone seemed to have help the injured worker with pain and emotionally. The recent medical reports from which the request originates were not included in the medical records provided for review. On 11/13/2014, Utilization Review (UR) denied the request for Sertraline HCL 100mg #60. The UR physician noted that the documentation does not show the current subjective and/or objective condition of the injured worker. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Sertraline HCL 100mg qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors), Page(s): 13-1.

Decision rationale: Zoloft is the brand name version of Sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs). MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. 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. SSRIs have not been shown to be effective for low back pain." The medical records indicate that the main complaint is chronic pain, which SSRIs are not recommended as primary treatment per MTUS. Medical records lack mental health evaluations and psychological treatment notes that would indicate the rationale for a sole SSRI as a behavioral health treatment, which an SSRI may or may not be appropriate. Recent medical records indicate that the patient denies depression and the treating physician notes a normal mood and affect. As such, the request for Sertraline HCL 100mg quantity #60 is not medically necessary.