

Case Number:	CM14-0206511		
Date Assigned:	01/28/2015	Date of Injury:	04/07/2009
Decision Date:	02/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 60 year old male with an injury date of 04/07/09. The 10/31/14 report by [REDACTED] states that the patient presents with pain in the bilateral neck and bilateral lower back radiating to the hips and the posterior thighs. Mood is depressed and sleep is interrupted. Examination findings state no significant deficiencies and state pain behaviors are within the expected context of the disease. The patient's listed diagnoses include: 1. Spinal stenosis of the lumbar region 2. Lumbar radiculopathy. 3. Degeneration of cervical intervertebral disc. 4. Disorder of the shoulder of the bursa region. 5. Degeneration of the lumbar intervertebral disc. 6. Anxiety. The patient's past medical history includes diabetes and a May 2013 right rotator cuff repair. Pain is worsening with the current treatment regimen. Medications are listed as Lorazepam, MS Contin, Norco and Zolof. The patient received a Toradol shot for cervicogenic headaches 10/31/14. The utilization review is dated 11/11/14. Reports were provided from 10/10/14 to 01/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolof 100mg, 1 tab every day x 30 days, #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress chapter, Sertraline (Zoloft)

Decision rationale: The patient presents with bilateral neck pain and bilateral lower back pain with radiation to the hips and thighs along with depressed mood and sleep difficulty. The current request is for Zoloft 100 mg tablets #30 with two refills. The RFA is not included. The 11/11/14 utilization review states that the date of the request is 11/04/14. The UR also states that the request for Zoloft #30 with 5 refills was modified to #30 with 3 refills. It appears this request is for the 2 refills denied. ODG guidelines, Sertraline (Zoloft), states, the medication is recommended as first-line treatment option for Major Depressive Disorder and Post-Traumatic Stress Disorder. The 01/26/15 report states that Zoloft is for depression with stable presentation. It states this medication was prescribed 10/31/14 for 1 tablet every day and notes, Ok to refill 06/25/14 per [REDACTED]. Reports show this medication has been prescribed since at least 06/25/14. In this case, the patient has a diagnosis of anxiety and depressed mood for which this medication is indicated and the treating physician indicates it is effective. It appears it is prescribed as part of the treatment provided by [REDACTED]. Zoloft # 30 with 3 refills has been certified as of 11/11/14, and the reports state the patient is scheduled to see [REDACTED] on 11/18/14 and 12/01/14. The request is not medically necessary.