

Case Number:	CM14-0063803		
Date Assigned:	07/11/2014	Date of Injury:	11/30/2004
Decision Date:	10/08/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old male, who sustained an industrial injury on November 30, 2004. Treatment to date has included lumbar epidural steroid injection, lumbar fusion, opioid pain medications, diagnostic imaging, anti-depressants and psychological treatment. An evaluation on March 21, 2014 revealed the injured worker continued to complain of worsening right knee pain and progressive low back pain. He rated his pain a 7-8 on a 10-point scale. The injured worker reported significant functional limitation due to debilitating pain and reported that he remained pre-occupied with physical complaints. He reported no plan to return to work due to his current mental and physical condition. The injured worker had used Wellbutrin for some time and had taken Savella, Lexapro and Cymbalta, which had not been effective in managing his symptoms. He continued to receive treatment from a clinical psychologist, which was helpful. On physical examination, the injured worker was alert, cooperative and in obvious distress. He had good eye contact and His diagnoses included reactionary depression and anxiety. His treatment plan included a trial of Zoloft and continued psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown tablets of Zoloft 50mg once a day (quantity unspecified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back), Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Sertraline (Zoloft).

Decision rationale: The claimant has a remote history of a work-related injury in November 2004 and is being treated for low back pain, right knee pain, and secondary depression. Antidepressant medications have included Wellbutrin, Savella, Cymbalta, and Lexapro. When seen, there was medial joint line tenderness with crepitus, soft tissue swelling, and positive McMurray's testing. There was decreased lumbar range of motion. There were cervical and lumbar trigger points with tenderness and muscle spasms. The claimant was ambulating with a cane. He was requesting a different antidepressant. A trial of Zoloft at 50 mg per day was requested. Antidepressant medication is recommended for the treatment of major depressive disorder. Zoloft is recommended as a first-line treatment option. In this case, the claimant had not responded to other antidepressant medications. A trial of Zoloft was appropriate and was medically necessary.