

Case Number:	CM15-0002846		
Date Assigned:	01/13/2015	Date of Injury:	02/18/2000
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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 injured worker is a 54-year-old female who reported a repetitive strain injury on 07/03/1996. The current diagnosis is chronic pain syndrome. A Request for Authorization form was submitted on 11/25/2014 for Prevacid, Cymbalta, Zoloft and Norco; however, there was no physician progress report submitted for this review. The only documentation submitted for this review is an Agreed Medical Evaluation in rheumatology documented on 02/05/2005. It was noted that the injured worker had reported an improvement in insomnia symptoms with the use of the antidepressant Zoloft. The injured worker was also diagnosed with work related cumulative trauma and fibromyalgia syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg 1 qd: no refills requested quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Sertraline (Zoloft); Pain Chapter, SSRIs (Selective Serotonin Reuptake Inhibitors)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but they may have a role in treating secondary depression. While it is noted that the injured worker reported an improvement in insomnia symptoms with the use of Zoloft, insomnia is not a current indication for the use of Zoloft. It was also noted that the injured worker utilized Zoloft for depression and anxiety symptoms. However, there was no recent physician progress report submitted this for review with documentation of a current psychological examination. The medical necessity for the ongoing use of the above medication has not been established. As such, the request is not appropriate at this time.