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| Case Number: | CM15-0003528 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 03/09/2008 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 53 year old male who suffered a work related injury on 03/09/08. He is status post rotator cuff repair of 06/16/14. Per the physician notes from 08/25/14 he complains of moderate right shoulder pain, increasing right anterior knee pain and swelling, and minimal right medial elbow pain. Medications include OxyContin, Oxy IR, Lyrica, Zoloft, Zantac, and Hydroxyzine. His treatment regimen consists of continued medications, home exercise program, and physical therapy for the right shoulder. No reference was made to any psychiatric. On 11/13/14 [REDACTED] administratively discharged him for failing to schedule follow up appointments. On 12/31/14, the Claims Administrator non-certified the Zoloft. No citations were present in the submitted documentation. The non-certified treatment was subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Zoloft. ODG Mental Illness & Stress Sertraline (Zoloft) Recommended as a first-line treatment option for MDD and PTSD. See Antidepressants for treatment of MDD (major depressive disorder); Selective serotonin reuptake inhibitors (SSRIs); PTSD pharmacotherapy.

Decision rationale: There is no documentation in any of the progress notes provided for review to support the use of Zoloft. No psychiatric symptoms were reported. The patient was not given a psychiatric diagnosis. There is no evidence that a psychiatric or psychological evaluation has been performed. It is unknown when the Zoloft was started and for what reason. This request is therefore noncertified.