

Case Number:	CM15-0017924		
Date Assigned:	02/05/2015	Date of Injury:	07/29/2005
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona
 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 60-year-old female who reported an injury on 07/29/2005. The mechanism of injury was not specifically stated. The injured worker is diagnosed with depressive disorder and lumbar postlaminectomy syndrome. On 12/12/2014, the injured worker presented for a followup evaluation with complaints of low back pain with bilateral lower extremity weakness, numbness, and tingling. The injured worker also reported symptoms of insomnia and depression. The injured worker has not followed up with the psychiatrist who prescribed sertraline initially 8 years ago, but has experienced an increase in forgetfulness, a decrease in concentration ability, and an increase in anxiety and depression. The injured worker discontinued the use of sertraline and was given indomethacin 50 mg and nortriptyline 10 mg by the primary care physician. There was no physical examination of the musculoskeletal system provided for review. There was also no psychological examination provided. Recommendations at that time included continuation of Flector patch 1.3% as well as the home exercise regimen. The injured worker was instructed to followup with the rheumatologist and there was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50 mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. While it is noted that the injured worker maintains a diagnosis of depressive disorder, it was also documented that the injured worker had not followed up with the psychiatrist who initially prescribed sertraline 8 years ago. Without documentation of functional improvement despite the ongoing use of sertraline 50 mg, additional refills would not be supported. In the absence of a psychological examination, the medical necessity for the ongoing use of sertraline 50 mg has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate at this time.