

Case Number:	CM15-0148915		
Date Assigned:	08/12/2015	Date of Injury:	10/29/2014
Decision Date:	09/30/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/31/2015

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 30 year old female, who sustained an industrial injury on 10-29-2014. She reported back pain after lifting something heavy. The injured worker was diagnosed as having lumbar spine sprain and strain, left elbow sprain and strain. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine (4-7-2015), emergency room treatment (3-23-2015 and 5-16-2015), physical therapy, and acupuncture. The request is for Zoloft (Sertraline HCL). On 2-23-2015, she reported a lot of back and elbow pain. Her elbow pain radiates to the shoulder, and low back pain radiates to the right leg down to the foot. She indicated not being able to do things at home. She has not been attending therapy citing it is too far to travel. The treatment plan included: magnetic resonance imaging of the left elbow and lumbar spine, continuing acupuncture and refilling medications. The medications are not listed. Her work status is noted to be temporarily totally disabled. On 3-4-2015, she reported constant mid and low back pain with radiation into the right lower extremity down to the foot, and associated numbness and tingling. The treatment plan included: magnetic resonance imaging of the lumbar spine, orthopedic re-examination. Her work status is modified. On 3-23-2015, she was seen in the emergency department for low back pain with radiation to the right leg which was described as burning. She rated 10 out of 10 in severity. She indicated she also had nausea, and right ear and throat pain. She was given Norco, Decadron injection, Toradol injection, and Robaxin. She was advised to follow up with her primary treating physician, and given prescriptions for Medrol, Norco, Ibuprofen, and Robaxin. On 5-16-2015, she was seen in the emergency department for shortness of breath, sore throat and headache which had begun the

day prior. She indicated she tries to avoid coughing due to it giving her increased back pain. She was given Norco, Duoneb, Recephin in normal saline, Toradol injection, SoluMedrol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain; SSRIs (selective serotonin reuptake inhibitors; Functional restoration approach to chronic pain management Page(s): 13-16, 107-108, 1, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter under Sertraline.

Decision rationale: The 30 year old patient complains of low back pain radiating to the right foot with numbness and tingling, and left elbow pain radiating to left small finger with numbness and tingling, as per progress report dated 06/03/15. The request is for ZOLOFT 50 mg #60. The RFA for this case is dated 06/22/15, and the patient's date of injury is 10/29/14. The patient is also experiencing poor memory, poor concentration, poor sleep, increasing sadness, crying spells, anxiety, nervousness and depressed feeling, as per progress report dated 06/03/15. Diagnoses included lumbosacral sprain/strain with herniated disc and left elbow sprain/strain. Medications included Norco, Ativan and Zoloft. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Mental illness and stress chapter under Sertraline (Zoloft) state: Recommended as a first-line treatment option for MDD and PTSD. In this case, Zoloft is only noted in progress report 06/03/15. While the patient does experience symptoms such as poor memory, poor concentration, poor sleep, increasing sadness, crying spells, anxiety, nervousness and depressed feeling, there is no diagnoses of major depressive disorder and PTSD for which Zoloft is recommended by ODG. It is not clear if this is the first prescription for this medication or if the patient has taken it in the past. There is no documentation of efficacy as well. Hence, the request IS NOT medically necessary.