

Case Number:	CM15-0168114		
Date Assigned:	09/08/2015	Date of Injury:	10/16/2001
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury on 10-16-2001. He reported injury to the low back. The injured worker was diagnosed as having postlaminectomy syndrome; status post lumbar arthrodesis; chronic pain syndrome; and depression. Treatment to date has included medications, diagnostics, nerve blocks, physical therapy, spinal cord stimulator trial, and surgical intervention. Medications have included Norco, Ibuprofen, Gabapentin, Soma, Duloxetine, Ultram, and Cyclobenzaprine. A progress report from the treating provider, dated 02-27-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of being severely depressed due to his pain condition; he is unable to function in activities of daily living; he has been unable to work, cannot sit, stand, or walk for more than a few minutes at a time; the pain is intense, rating it as an 8 on the numeric pain rating scale on a typical day; the pain reaches the level of 10 at times; he reports experiencing severe lumbar spine pain and pain radiating down his left leg, and numbness and tingling in his leg; and he expressed frustration with having medication abruptly stopped when it is no longer approved for his use. Objective findings have included he appeared to be anxious and severely depressed; testing indicates severe levels of both depression and anxiety; the injured worker has stated that he had used Zoloft in the past, and gained considerable relief from depressive symptoms; it also helped with pain; and it is suggested that Zoloft (Sertaline) could be used, instead of Duloxetine, as it may be more effective for this individual. The treatment plan has included the request for Zoloft 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PDR, Zoloft.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment for depression. The patient has the documented diagnosis of depression and therefore the request is medically necessary.