

<b>Case Number:</b>	CM15-0183193		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old female, who sustained an industrial injury on 9-12-2008. A review of the medical records indicates that the injured worker is undergoing treatment for mood disorder and spinal-lumbar degenerative disc disease. On 9-3-2015, the injured worker reported a lower backache. The Treating Physician's report dated 9-3-2015, noted the injured worker reported her pain as unchanged since the previous visit, rated a 10 on a scale of 1 to 10 with and without medications, with her activity level decreased. The injured worker was noted to be unable to function as the pain had increased and the mood was depressed, feeling more fatigued and exhausted, as she could not sleep, requesting time off from work as she could no longer function or perform her activities of daily living (ADLs). The injured worker noted Zoloft, prescribed since June 2, 2015, was helpful. The injured worker's current medications were listed as Norco, Medrol, Provigil, Zoloft, Calcium, Chlorthalidone, Excedrin Tension Headache, Multivitamins, Probiotic, Vitamin B-12, and Vitamin D. the physical examination was noted to show the cervical spine range of motion (ROM) limited by pain with tenderness at the paracervical muscles, rhomboids, and trapezius, and Spurling's maneuver causing pain in the muscles of the neck radiating to the upper extremity. The lumbar spine range of motion (ROM) was noted to be restricted by pain with tenderness and tight muscle bands noted bilaterally on palpation of the paravertebral muscles, spinous process tenderness noted at L1, L2, L3, L4, and L5, positive bilateral facet loading, and tenderness noted over the sacroiliac joint bilaterally. Prior treatments have included physical therapy, cognitive behavioral therapy (CBT), lumbar epidural steroid injections (ESIs) and trigger point injections, pool therapy, TENS, and

medications. The treatment plan was noted to include continuation of the current medications with an increase in the Zoloft, and a urine drug screen (UDS) performed. The injured worker was noted to be back working full time. The request for authorization dated 9-3-2015, requested Zoloft (Sertraline HCL) 100mg #30. The Utilization Review (UR) dated 9-11-2015, modified the request for Zoloft (Sertraline HCL) 100mg #30 to approve #15 to allow for weaning until discontinuation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zoloft (Sertraline HCL) 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline, page 108, SSRI's such as Zoloft are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, a note from 5/19/2015 does document a prior history of depression, which had been treated successfully with Zoloft prior to the injury. This note also documents progressively worsening depressive symptoms over the past two years. Serial notes from [REDACTED] support ongoing and progressive depressive symptoms. The guideline indicate efficacy of SSRI medications for treatment of psychological symptoms associated with chronic pain. The documentation provided is supported by the guidelines and therefore the request for Zoloft is medically necessary.