

Case Number:	CM15-0189547		
Date Assigned:	10/01/2015	Date of Injury:	03/12/2014
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, California

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:

This is a 50 year old male patient who sustained an industrial injury on 03-12-14. He sustained the injury when a suspended beam fell on him. The diagnoses include closed fractures of the bilateral lower end femurs, lumbar region sprain and strain, sciatica, psychogenic pain, pain in the bilateral lower legs, and abnormal generalized pain. Per the reconsideration appeal dated 10/13/15, he had more depression since the decreasing the dose. The diagnostic psychological testing revealed significant symptoms of anxiety, depression and poor coping. Per the doctor's note dated 08-25-15, he had slight improvement in his axial low back pain with leg pain as "about the same." Review of systems were positive for balance problem, weakness and anxiety. The physical examination revealed an antalgic gait, 5/5 strength in the bilateral lower extremities, with intact sensation to light touch and pinprick bilaterally in the lower extremities. The medications list includes sublingual buprenorphine, ibuprofen and sertaline. He has undergone surgery for bilateral crushed femur on 3/12/2014 and exploratory laparotomy; right knee arthroscopy on 9/22/15. He has had right knee MRI on 3/20/15, left knee MRI dated 3/20/15 and lumbar spine MRI dated 3/20/15, which revealed congenitally small lower lumbar spinal canal due to short pedicles, disc bulge and central canal stenosis at L3-4 and L4-5 and bilateral neural foraminal narrowing at L4-5. He has had recent lumbar epidural steroid injection on 8/11/15. The original utilization review (09-17-15) non-certified the request for Sertraline HCl 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Sertraline HCl 25mg tab 1 tab/day for 3 days, increase to 2 tabs, #60: 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: Retrospective request for Sertraline HCl 25mg tab 1 tab/day for 3 days, increase to 2 tabs, #60. Zoloft contains Sertaline, which is a SSRI (selective serotonin reuptake inhibitor). Sertaline is a SSRI (selective serotonin reuptake inhibitor). According to CA MTUS guidelines cited below, SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." Per the records provided, the patient had a history of a significant injury that caused bilateral distal femur fractures. The patient had chronic pain with depression and anxiety. The patient has a history of multiple surgeries. Per the reconsideration appeal dated 10/13/15, he had more depression. The diagnostic psychological testing revealed significant symptoms of anxiety, depression and poor coping. Sertraline is recommended for patients with depression/anxiety associated with chronic pain. The Retrospective request for Sertraline HCl 25mg tab 1 tab/day for 3 days, increase to 2 tabs, #60 was medically appropriate and necessary for this patient at that time.