

Case Number:	CM15-0190869		
Date Assigned:	10/05/2015	Date of Injury:	06/15/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 50-year-old female who sustained an industrial injury on 6-15-11. The injured worker reported left and neck shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder, neck and left shoulder pain. Medical records dated 8-5-15 indicate pain rated at 6 out of 10. Provider documentation dated 8-5-15 noted the work status as temporary partially disabled until 11-5-15. Treatment has included Tramadol, Zoloft, cervical magnetic resonance imaging (10-21-14), physical therapy, traction, status post two shoulder surgeries, Tylenol, transcutaneous electrical nerve stimulation unit, Psychiatry sessions, heat and ice application, Cyclobenzaprine, and Zolpidem. Objective findings dated 8-5-15 were notable for depressed mood, goal directed thought process, calm, cooperative, good judgment, insight, memory, attention and impulse control. The original utilization review (8-31-15) denied a request for an antidepressant panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Antidepressant panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/zoloft-drug/warnings-precautions.htm; www.guideline.gov/search/search.aspx?term=zoloft.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The California MTUS and ODG do recommend the use of laboratory studies when prescribing certain medications to monitor effect on potential damage to organs such as the kidneys and liver. An example would be monitoring liver function tests with acetaminophen or kidney function tests with NSAID. The request is for an antidepressant panel. The patient is on no medication that requires routine lab monitoring and there is no need for the study for establishment of the diagnosis. Therefore, the request is not medically necessary.