

Case Number:	CM15-0193884		
Date Assigned:	10/07/2015	Date of Injury:	11/03/2002
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and insomnia reportedly associated with an industrial injury of November 3, 2002. In a utilization review report dated September 22, 2015, the claims administrator partially approved a request for Zoloft. The claims administrator referenced a September 16, 2015 office visit in its determination. On September 21, 2015, the applicant reported ongoing complaints of low back pain. The applicant was on Opana, oxycodone, senna, Colace, Desyrel, Zoloft, lactulose, and benazepril, it was reported. The applicant had issues with reflux, hypertension, and a fatty liver, it was reported. The applicant was using a walker to move about. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant apparently developed derivative complaints of depression, it was reported. The applicant was also using medical marijuana, the treating provider suggested. The attending provider stated that Zoloft was administered to manage her situational depression such that the applicant was motivated to perform activities of daily living. This was not, however, elaborated or expounded upon. The applicant's work and functional status were not reported on this date, although the applicant did not appear to be working with a 41% permanent partial disability rating imposed by an agreed medical evaluator (AME), the treating provider suggested (but did not clearly state). On August 24, 2015, the applicant reported ongoing complaints of chronic low back pain. The applicant apparently attended a functional restoration program in the past, it was reported. The applicant was using a cane to move about, it was suggested. The note was, in large part, identical to the later note of September 21, 2015. The attending provider stated Zoloft was needed to manage the applicant's

situational depression such that the applicant was motivated to perform unspecified activities of daily living. Multiple medications were renewed and/or continued. Little-to-no discussion of the applicant's issues with depression transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Sertraline (Zoloft) 2015.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Zoloft, an SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that it often takes "weeks" for antidepressants such as Zoloft to exert their maximal effect, here, however, the applicant had been using Zoloft for a minimum of several months prior to the date in question, September 21, 2015. Progress notes of August 24, 2015 and September 21, 2015 did not incorporate much commentary insofar as the applicant's issues with depression. While the treating provider stated that Zoloft was beneficial, the treating provider failed to outline specific improvements in mood and/or function affected as a result of ongoing usage of the same. The applicant did not appear to be working with a 41% permanent partial disability rating in place, as suggested on September 21, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.