

Case Number:	CM15-0200961		
Date Assigned:	10/16/2015	Date of Injury:	05/23/2013
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker was a 61 year old female, who sustained an industrial injury, May 23, 2013. The injured worker was undergoing treatment for depressive disorder, anxiety, chronic pain syndrome, low back pain, lumbago, bilateral hip pain, degeneration of the lumbosacral intervertebral disc and bilateral low back pain. According to progress note of September 15, 2015, the injured worker's chief complaint was right hip flexor muscle pain which was new. The injured worker was tearful during the visit. The pain was consistent. The injured worker had complaints of depression, fatigue, insomnia and sleep apnea. The injured worker reported psychiatric factors of depression, anxiety and sleep disturbances. The psychological exam noted normal mood and affect. The injured worker was awake, alert and oriented to time, place and person. The recent memory was intact. The injured worker previously received the following treatments Ambien, Cyclobenzaprine, Lyrica, Oxycodone, Zofran and home exercise program. The RFA (request for authorization) dated September 15, 2015; the following treatments were requested Zoloft 50mg #30 with 5 refills. The UR (utilization review board) denied certification on September 21, 2015; for a prescription for Zoloft 50mg #30 with 5 refills was modified to Zoloft 50mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30 (refill 5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Sertraline: Drug information. Topic 9886, version 167.0. UpToDate, accessed 11/24/2015.

Decision rationale: Zoloft (sertraline) is a medication in the selective serotonin reuptake inhibitor antidepressant medication class. It is FDA-approved for the treatment of major depressive disorder in adults, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder in adults, premenstrual dysphoric disorder, and social anxiety disorder in adults. There also is some research to support using sertraline to treat generalized anxiety disorder, binge-eating disorder, and bulimia nervosa. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing depressed mood and leg pain. While the documentation did not include the majority of the elements encouraged by the Guidelines, this medication was recommended in order to improve the workers depressive symptoms and the worker's experience and coping with pain. However, the request was for a large number of refills, which would not account for changes in the worker's care needs. In the absence of such evidence, the current request for thirty tablets of Zoloft (sertraline) 50mg with five refills is not medically necessary.