MAXIMUS Federal Services

Case Number:	CM15-0209909		
Date Assigned:	10/28/2015	Date of Injury:	01/15/2008
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 1-15-2008. The injured worker was being treated for cervical pain, bilateral shoulder pain, upper midback pain, and sexual dysfunction. Treatment to date has included diagnostics and medications. On 9-23-2015, the injured worker complains of chronic neck and shoulder pain, rated 5 out of 10 with medications and 8 without (unchanged from 7-01-2015). He reported that medications allowed him to be more active and take care of his wife, who had a medical condition. He was able to do all the shopping, some household chores, and walk for exercise. He reported that when he has a flare up of anger, he was able to get out and walk to help clear his mind. Medication use included Fentanyl, Norco, Flexeril, Zoloft ("really helps his depression" and "he is not sure what he will do without it", noting that it was recently denied), Lactulose, Amitriptyline, and Prilosec. He utilized Zoloft 200mg daily for depression secondary to cardiac pain since at least 5-2015. Objective findings noted only no acute distress and continued tenderness over the cervical spine and paraspinal muscles. He reported no psychological counseling for many years and a psychiatric consultation was requested. His work status was permanent and stationary and was currently not working. On 10-16-2015 Utilization Review non-certified a request for Zoloft 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft (Sertraline HCL) 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with chronic neck and shoulder pain. The current request is for Zoloft (Sertraline HCL) 100mg #60. The treating physician's report dated 09/23/2015 states, "Zoloft really helps with his depressions. He is not sure what he will do without it. He states that it is recently denied. He does have depression secondary to his cardiac pain. Lactulose solutions help with the constipation." The MTUS Guidelines page 13-15 on Anti-depressants states, "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." In this case, the physician has noted medication efficacy and given the patient's documented symptoms of depression continued use is warranted. The current request is medically necessary.