

Case Number:	CM15-0021501		
Date Assigned:	02/11/2015	Date of Injury:	12/28/2009
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old man sustained an industrial injury on 12/28/2009. The mechanism of injury was not detailed. Current diagnoses includes bilateral ulnar neuropathy and bilateral CTR. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 12/30/2014 show bilateral hand pain and numbness with worsening depression as demonstrated by worker reports and the fact that he is becoming more withdrawn. Recommendations include Vicodin, discontinue Nortriptyline, and begin Sertraline. No physical assessment or further details are included. On 1/12/2015, Utilization Review evaluated a prescription for Sertraline tablets 25 mg #60 that was submitted on 2/4/2015. The UR physician noted there is no clear rationale for the introduction of Sertraline at this time. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline Tab 25mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain SSRI (selective serotonin reuptake inhibitors) Page(s): 13-16.

Decision rationale: Zoloft is the brand name version of sertraline, which is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRI). MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." SSRIs are not recommended as primary treatment for chronic pain per MTUS. Medical records lack mental health evaluation and treatment notes that would indicate the use of the SSRI solely as a behavioral health treatment, which an SSRI may or may not be appropriate. As such, the request for Sertraline Tab 25mg, #60 is not medically necessary.