

Case Number:	CM15-0023451		
Date Assigned:	02/13/2015	Date of Injury:	03/19/2011
Decision Date:	04/15/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female who sustained an industrial injury on 03/19/11. She reports neck pain causing difficulty with sleep. Diagnoses include cervical disc disease, myofascial pain, and an illegible diagnosis. Treatments to date include medications. In a progress note dated 11/14/14 the treating provider recommends Flexeril, Sertraline, and Naproxen. On 01/05/15 Utilization Review non-certified the Naproxen, citing non-MTUS guidelines. The Sertraline was also non-certified, citing MUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 Mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 73.

Decision rationale: I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's knee pain. The request is medically necessary.

Sertraline 50 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI
Page(s): 13-16, 107.

Decision rationale: The attached medical record does not indicate that the injured employee has had any significant benefit from prior usage of sertraline to include decrease pain or increased ability to function. Additionally, there is no documentation of symptoms of depression or anxiety. As such, this request for continued usage of sertraline is not medically necessary.