

<b>Case Number:</b>	CM15-0213960		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 32 year old female, who sustained an industrial injury on 10-19-10. She reported left wrist pain. The injured worker was diagnosed as having left wrist strain, depression, left hand atrophy, complex regional pain syndrome of the right hand, radial nerve neuritis, and De Quervain's tenosynovitis. Treatment to date has included psychological counseling and medication including Cymbalta and Percocet. On 9-22-15 the treating physician noted "the patient is extremely unhappy and very depressed. She stated that she is in bed all the time. She states that she knows that she is over-medicating herself because she is in pain and also depressed." On 9-22-15, the injured worker complained of feeling depressed. On 9-30-15 the treating physician requested authorization for Zoloft 50mg #60 with 4 refills. On 10-7-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft (Sertraline) 50mg #60 (one daily times 3 days, than 2 q am) with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

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

**Decision rationale:** The claimant is a 52 year-old female with date of injury of 10/19/2010 with a diagnosis of chronic regional pain syndrome of the left upper extremity. She completely severed her radial nerve and surgical repair failed. She has major depression secondary to her chronic pain. The request is for Zoloft for depression. Zoloft is an SSRI which is not recommended for chronic pain, but does have a role in treating secondary depression. A prescription for Zoloft is reasonable given the patient's significant depression. It is likely that she will require long-term antidepressants since her physical condition appears unlikely to improve. However the request for a one month supply with 4 refills is not appropriate. Patients initiating SSRIs should be monitored after one month to determine efficacy, need for increased dosage and assessment for side effects. Therefore a month-to-month request is recommended and the current request is not medically necessary or appropriate.