

Case Number:	CM15-0219400		
Date Assigned:	11/12/2015	Date of Injury:	01/27/2011
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of January 27, 2011. In a Utilization Review report dated November 6, 2015, the claims administrator failed to approve a request for sertraline (Zoloft). A partial approval was apparently issued. The claims administrator referenced an October 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an office visit dated "October 7, 2015, October 14, 2015, October 20, 2015, October 27, 2015, November 5, 2015," the applicant's psychologist placed the applicant off of work, on total temporary disability. Additional psychotherapy was sought while the applicant was seemingly kept off of work. The treating provider stated the applicant had heightened pain complaints and felt discouraged owing to the same. On an October 26, 2015 psychiatry note, the applicant reported ongoing issues with depression. The treating provider stated that the applicant was less depressed and anxious on a heightened dosage of Zoloft. The treating provider stated that the anxiety attacks were not as frequent or as intense following introduction of Zoloft. The treating provider nevertheless stated that the applicant still had issues with poor attention span, difficulty concentration, low energy levels, despite ongoing usage of Zoloft and trazodone. The applicant's nightmares had, however, resolved following introduction of Zoloft, the treating provider reported. The treating provider suggested that the applicant employ Zoloft at a heightened dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for sertraline (Zoloft), an SSRI anti-depressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, anti-depressants such as Zoloft may be helpful in alleviating symptoms of depression, and can often take "weeks" to exert their maximal effect. Here, the treating provider reported on October 26, 2015 that the applicant's issues with depression, anxiety, insomnia, and nightmares had all attenuated in severity following introduction of Zoloft. The treating provider suggested that the applicant still had residual issues with diminished attention span, lower energy level and difficulty concentrating on said October 26, 2015 office visit. The attending provider suggested that the applicant employ Zoloft (sertraline) at a heightened dosage on that date. This was indicated, given the applicant's incomplete response to lower a dosage of the same. Therefore, the request is medically necessary.