

Case Number:	CM15-0035343		
Date Assigned:	03/03/2015	Date of Injury:	10/22/2007
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 43 year old female, who sustained an industrial injury on 10/22/2007. She was diagnosed as having chronic neck pain status post cervical discectomy and fusion at C6-7 (5/03/2010), chronic low back pain status post lumbar laminectomy, facetectomy at L5-S1 (9/2008), chronic right shoulder pain and left shoulder pain, much improved. Treatment to date has included surgical interventions, magnetic resonance imaging (MRI) which is read as showing supraspinatus tendinopathy, and medications. Per the Primary Treating Physician's Progress Report dated 2/19/2015, the injured worker reported ongoing neck and back pain. Physical examination revealed ongoing tenderness to the cervical and lumbar paraspinal muscles. The plan of care included medications, Botox injections and follow up care. Authorization was requested for Zoloft 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication in terms of use for depression versus neuropathic pain. The documentation indicates the medication is being prescribed for depression. The Physician Desk Reference states this medication is indicated as a first line treatment for depression. Therefore, the request is certified.