

Case Number:	CM15-0051997		
Date Assigned:	03/25/2015	Date of Injury:	06/16/2003
Decision Date:	05/04/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on 6/16/2003. He reported a fall from 24 feet off of scaffolding, fracturing his skull, shoulder and wrist. The injured worker was diagnosed as having headache, facial pain and low back pain. There is no record of a recent magnetic resonance imaging. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of headaches, facial pain and back pain that radiates down bilateral lower extremities. In a progress note dated 1/29/2015, the treating physician is requesting Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100 MG #28 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs
 Page(s): 107.

Decision rationale: MTUS recommends SSRIs when treating secondary depression related to chronic pain but not solely as a treatment for chronic pain. The records in this case discuss symptoms of depression for which an SSRI anti-depressant has been prescribed. However, treatment guidelines and FDA labeling information recommend physician monitoring of this medication for effectiveness and side-effects; for this reason a prescription with 3 refills is not supported by the guidelines. Thus, this request is not medically necessary.