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| Case Number: | CM15-0084174 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 06/04/1993 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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, California
 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 50-year-old male, who sustained an industrial injury on 06/04/1993. He has reported subsequent neck, low back and right lower extremity pain and was diagnosed with lumbar and cervical degenerative disc disease. Other diagnoses included depression and anxiety. Treatment to date has included oral and topical pain medication, anti-depressant medication and surgery. In a progress note dated 03/12/2015, the injured worker complained of neck, low back and right lower extremity pain. Objective findings were notable for numbness and weakness of the right leg and neck and upper back spasms. A request for authorization of Sertraline was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Setraline 100mg #30: Overturned

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

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

Decision rationale: Setraline 100mg #30. Zoloft contains Sertaline which is a SSRI (selective serotonin reuptake inhibitor). Sertaline is a SSRI (selective serotonin reuptake inhibitor). According to CA MTUS guidelines cited below, SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." Per the records provided patient had chronic low back and neck pain with radiculopathy symptoms with depression and anxiety. Patient has history of lumbar and cervical spine surgeries. Sertaline is recommended for patients with chronic pain with depression/anxiety. The request for Setraline 100mg #30 is medically appropriate and necessary for this patient.