

<b>Case Number:</b>	CM15-0084230		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Emergency 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 58-year-old male injured worker suffered an industrial injury on 06/24/2008. The diagnoses included depression, insomnia, thoracic disc disease and degenerative arthritis of the thoracic spine and lower back pain with lumbar radiculopathy. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 3/5/2015, the treating provider reported neck pain radiating down his bilateral upper extremities, right greater than left, mid back and lower back pain radiating to the bilateral lower extremities. He reported continued severe pain rated 7/10. On exam, the cervical, thoracic and lumbar spine had limited range of motion and moderate tenderness. Patient is reported to be on Ultram, Valium, Lyrica, Soma and Elavil. Zoloft and Ativan were requested by clinical psychologist and is being managed by a psychiatrist in progress note dated 1/14/15. Patient was noted to be depressed and was having persistent suicidal thoughts. Documentation states that patient has been on these medications chronically and has helped "improve function". The treatment plan included Zoloft and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 100mg 1 qam #30 for depression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Menta/Stress: Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Zoloft MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic; the sections tend to deal with antidepressants for pain. This prescription is for depression. As per Official Disability Guidelines, Zoloft/Sertraline is recommended for the treatment for major depression. Patient is being appropriately monitored and treated by a clinical psychologist and psychiatrist. Patient has only completed 1 of 6 noted therapy sessions. Patient has significant depression with suicidal thoughts. Continued use of Zoloft is medically supported by guidelines and documentation. Zoloft is medically necessary.

**Ativan 05mg 1 qam and 1 q 6PM #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** Ativan is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. It is being prescribed for anxiety. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. Chronic use of a benzodiazepine can worsen anxiety. Chronic use of ativan is not recommended. Ativan is not medically necessary.