

Case Number:	CM15-0237809		
Date Assigned:	12/14/2015	Date of Injury:	10/06/2013
Decision Date:	01/20/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 10-06-2013. Medical records indicated the worker was treated for wrist strain -sprain, De Quervain's Tenosynovitis, headache, and myalgia. In the provider notes of 10-28-2015, he injured worker complains of pain in the right wrist that she rates as a n 8 on a scale of 0-10 and pain in the right wrist that she rates as a 7 on a scale of 0-10. She complains of tingling and numbness in the right upper extremity. She states "Effexor helped me calm me down but it is not strong enough-I used to take Sertraline 50mg." On exam, the right wrist had 15% less range of motion, was tender to palpation and the worker had swelling on right hand. She wears a right wrist brace. Prior treatment included acupuncture; muscle relaxants, anti-depressants, and transcutaneous electrical nerve stimulation (TENS) unit were continued. TENS. The treatment plan was for the worker to pick up Norco in pharmacy, alternate Tylenol 500 mg w tabs with Ibuprofen 200 mg x2 tabs twice daily, and continue to monitor for gastrointestinal symptoms. Home exercise and heat therapy and medications of Sertraline, Gabapentin (since 02-01-2015), Omeprazole (since 02-01-2015) were ordered plus TENS patches. A request was also made for depression screening. A request for authorization was submitted for: 1. TENS Electrodes Dispensed (pairs), QTY: 22. Omeprazole 20mg Dispensed #603. Sertraline 50mg Dispensed #304. Gabapentin 100mg Dispensed #60. A utilization review decision 11-12-2015 Authorized: TENS Electrodes Dispensed (pairs), QTY: 2; Omeprazole 20mg Dispensed #6; Gabapentin 100mg Dispensed #60. And denied: Sertraline 50mg Dispensed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50mg Dispensed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Sertraline (Zoloft).

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for right wrist and hand pain. In August 2015, she was receiving acupuncture treatments. She had started seeing a counselor to discuss anxiety and positive thinking. In September 2015, medications dispensed were omeprazole, gabapentin, and Effexor. When seen in October 2015 she had right wrist pain rated at 8/10 and had left hand pain rated at 7/10. Effexor had helped to calm her down but she felt it wasn't strong enough. Physical examination findings included right wrist tenderness and swelling. She was wearing a right wrist brace. There was decreased wrist range of motion. Authorization was requested for depression screening. Medications were dispensed, included sertraline. Antidepressant medication is recommended for the treatment of major depressive disorder. In this case, the claimant has anxiety and sertraline was started as a substitute for Effexor. She does not have a diagnosis of major depressive disorder and depression screening was also requested and this result should be reviewed before considering treatment for depression. Common side effects of sertraline include nervousness which may worsen the claimant's anxiety. Prescribing sertraline is not considered medically necessary.