

Case Number:	CM14-0117797		
Date Assigned:	08/06/2014	Date of Injury:	09/22/2010
Decision Date:	10/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 62 year-old female was reportedly injured on 9/22/2010. The most recent progress note, dated 5/9/2014 indicates that there are ongoing complaints of low back pain and G.I. issues. The physical examination demonstrated: slight epigastric pain, otherwise unremarkable physical examination. No specific musculoskeletal or psychological examination was performed. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for SSRI and was not certified in the pre-authorization process on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adding an selective serotonin reuptake inhibitor (SSRI) to Wellbutrin for better depression control: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be

effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. The MTUS Chronic Pain Guidelines support the use of SSRIs, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). A review of the available medical records fails to document a trial and/or failure to first-line agents. After review of medical records provided there is no discussion of depression on history or physical examination. As such, this request is not considered medically necessary.