

Case Number:	CM14-0124062		
Date Assigned:	08/08/2014	Date of Injury:	03/11/2011
Decision Date:	11/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 35 year old female who was injured on 03/11/2011. The mechanism of injury is unknown. Prior treatment history has included psychological therapy. Therapy note dated 02/12/2014 indicates the patient reported she was having a difficult time controlling her emotions. She was noted to have anxiety and a depressed mood. Family therapy note dated 03/03/2014 states the patient was seen for her pain as it had increased rating it as a 9/10 in her back. She also was noted to have anxiety and depression. On exam, her mental status was consistent with her self-report as her affect was subdued. She was not able to perform most of her activities of daily living secondary to her depression. She had a Beck depression rating of 44 which is in the range of severe depression. On Beck anxiety inventory, the patient rated a 42 which is suggestive of a severe anxious state. Diagnostic impressions are major depression, anxiety disorder, pain disorder, sleep disorder, opioid dependence, and episode of mental/clinical disorder. She was recommended Sertraline 50 mg #60. Prior utilization review dated 08/04/2014 states the request for Sertraline 50 mg #60 is not certified as the patient did not have a documented diagnosis of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: Sertraline is a SSRI recommended as an option in the treatment of depression, PTSD, OCD, general anxiety disorder, and several other psychiatric illnesses. The clinical documents clearly identify the patient as having major depressive disease and the patient should likely be on an antidepressant. The notes however, were mostly handwritten and illegible. It is unclear if the patient has taken any prior antidepressants and if there was a response to therapy. It is unclear if the request is for continuation or a new prescription of Sertraline. A frequency of administration was not included in the request. There were sufficient subjective/objective findings consistent with depression. However, the clinical notes lacked an assessment/plan which adequately discussed the patient's previous and current treatment regimen for depression. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.