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| <b>Case Number:</b>   | CM14-0133251 |                              |            |
| <b>Date Assigned:</b> | 08/25/2014   | <b>Date of Injury:</b>       | 10/03/2008 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 10/3/08 date of injury. At the time (7/10/14) of the request for authorization for Sertraline Tab 100mg #30, there is documentation of subjective (increased left wrist pain as well as numbness and tingling, continued lower back pain as well as numbness and tingling in his lower extremities, some neck pain) and objective (grip strength is reduced bilaterally, sensation is reduced in bilateral hands, lumbar spine range of motion is decreased significantly) findings, current diagnoses (lumbar radiculopathy, postsurgical status not elsewhere classified, observation and evaluation for suspected conditions not elsewhere classified, and carpal tunnel syndrome), and treatment to date (medication including opioids).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline Tab 100mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, postsurgical status not elsewhere classified, observation and evaluation for suspected conditions not elsewhere classified, and carpal tunnel syndrome. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Sertraline Tab 100mg #30 is medically necessary.