

<b>Case Number:</b>	CM14-0144207		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/16/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 49-year old male with a date of injury on 5/16/2001. Diagnoses include pain disorder with associated psychological factors, and depression with anxious features. Subjective complaints are low back pain, and depression and anxiety which sometimes reach severe levels. Physical exam shows a slight antalgic gait, no back paraspinal tenderness, and negative straight leg raise test. There is decreased left leg sensation, and tenderness over the trochanteric bursa. Medications include levorphanol, Norco, Lyrica, Zoloft, Cialis, lidocaine, Cymbalta, Remeron, Androgel, and hydrochlorothiazide. Patient has also received psychological treatment and psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 50 MG #30 with 2 Refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter: Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines ANTIDEPRESSANTS Page(s): age(s) 14-16.

**Decision rationale:** CA MTUS state that antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. CA MTUS also states that unlike SNRIs, the SSRI class of medication does not appear to be beneficial for the treatment of low back pain. The ODG states that antidepressants have been found to be useful in treating depression, including depression in physically ill patients. For this patient, there is documentation of depressive symptoms, and ongoing psychological evaluation. Therefore, Zoloft 50 MG #30 with 2 Refills is medically necessary.