

Case Number:	CM14-0155358		
Date Assigned:	09/25/2014	Date of Injury:	05/30/2008
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

This 47 year old patient had a date of injury on 5/30/2014. The mechanism of injury was not noted. In a progress noted dated 8/4/2014, the patient complains of both anxiety and depression. Zoloft has been the best antidepressant for her although it obviously is not working all the way. On a physical exam dated 8/4/2014, the patient is still depressed and anxious. There is no suicidality or homicidality noted. The plan is to increase Zoloft to 200mg from 150mg. The diagnostic impression shows cervical discogenic disorder, cervicgia, epicondylitis, anxiety, depression. Treatment to date: medication therapy, behavioral modification. A UR decision dated 9/18/2014 denied the request for Zoloft 50mg #180 (DOS 8/4/2014), stating that this patient had utilized the drug since 8/23/2013 with no evidence of significant change in her depression. Trazodone 100mg #60 (DOS 8/4/2014) was denied, stating that there was lack of clinically significant change in her insomnia symptoms despite extensive period of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Zoloft 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). However, in the 8/4/2014, there was no objective evidence of improvement in regards to mood and anxiety, and this patient has been documented to be on Zoloft since at least 8/12/2013. The patient claims that Zoloft has been the best medication for her, although it is not working all the way. Therefore, the request for Zoloft 50mg #180 was not medically necessary.

60 Trazodone 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, in the 8/4/2014 progress report, there was no clear discussion regarding the functional benefit of trazodone for this patient, and this patient is documented to be on trazodone since at least 8/12/2013. Therefore, the request for trazodone 100mg #60 was not medically necessary.