

<b>Case Number:</b>	CM14-0166759		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/03/2002
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 58-year-old female who was injured on August 3, 2002. The patient continued to experience severe pain in her neck and headaches. Physical examination was notable for decreased range of motion of the cervical spine and tenderness to palpation to the bilateral paracervical spinal muscles. Diagnoses included depressive disorder, cervicobrachial syndrome, and backache. Treatment included medications, acupuncture, and PENS. Request for authorization for Zoloft 50 mg #90 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 50 MG 3 Tabs PO QD #90 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines, Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sertraline; Mental Illness & Stress, Sertraline

**Decision rationale:** Zoloft is sertraline, a selective serotonin re-uptake inhibitor. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Per ODG SSRI's are not recommended as a treatment for chronic pain, but

SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. It is recommended as a first-line treatment option for major depressive disorder. In this case the patient is not diagnosed with major depressive disorder and is not under the care of a psychiatrist. The patient had received several psychotropic medications with variable efficacy. Medical necessity has not been established. The request is not medically necessary.