

Case Number:	CM14-0148831		
Date Assigned:	09/18/2014	Date of Injury:	07/14/2011
Decision Date:	03/27/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38-year-old female who reported an injury on 07/14/2011. The mechanism of injury was not provided. Her diagnoses were noted as lumbago, cervical disc degeneration, and cervicgia. Her past treatment was noted to include medication, ice, rest and activity modification. Her diagnostic studies and surgical history were not provided. During the assessment on 07/08/2014, the injured worker complained of increased dizziness when she stood. She indicated that the dizziness affected her whole body. She also indicated that the pain increased with flexion and that also increases the dizziness. She also indicated that she had radiculopathy down the arms and ice, rest, and medication were the only things that seemed to make it any better. The injured worker was also noted to have complaints of shoulder pain and wrist pain. She rated the pain a 9/10 without medications. Physical examination revealed tenderness, crepitus, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending, and decreased right lateral bending. Her medications were noted to include ibuprofen 800 mg, oxycodone 10/325 mg, sertraline 100 mg, and Flexeril 10 mg. The treatment plan was to continue with prescription medication management. The rationale for the request was not provided. The Request for Authorization form was dated 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline100mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications for chronic pain

Decision rationale: The request for sertraline 100 mg #30, 2 refills is not medically necessary. The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of the chronic pain treatment, including treatment with anxiety medications based on specific DSM IV diagnosis. The clinical documentation did not indicate that the injured worker suffered from anxiety. There was no current information regarding the injured worker's current medical status, as well as current medical regimen. Due to the lack of recent clinical documentation regarding the injured worker's status and rationale for the requested medication, the request is not medically necessary.