MAXIMUS Federal Services

Case Number:	CM14-0217075		
Date Assigned:	01/06/2015	Date of Injury:	06/21/2011
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 45 year old female sustained a work related injury on 6/21/2011. The current diagnoses are knee sprain/strain, status post right knee arthroscopy with meniscectomy (9/5/2013), cervical sprain/strain, and wrist sprain/strain. According to the progress report dated 12/4/2014, the injured workers chief complaints were increased bilateral knee pain with cracking and spasm and neck pain with decreased range of motion. The pain was rated 7/10 on a subjective pain scale. The physical examination revealed tenderness to palpation over right knee patella with crepitus. On this date, the treating physician prescribed Sertraline 50mg #50, which is now under review. The treatment plan included TENS, indocin, fenoprofen, cyclobenzaprine, and sertraline. On 12/12/2014, the Utilization Review had non-certified a prescription for retrospective sertraline 50mg #50. The sertraline was non-certified based on no clinical supporting documents to confirm the reported depression diagnosis. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/4/14) Sertraline 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

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

Decision rationale: Sertraline is a medication in the selective serotonin reuptake inhibitor antidepressant medication class. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing uncontrolled knee and neck pain in the moderate-to-severe intensity range. This medication was started to support other pain management treatments. However, the documentation did not include the majority of the elements encouraged by the Guidelines at the start of therapy, which would prevent the demonstration of benefit with use. In addition, there was no discussion sufficiently supporting this request. In the absence of such evidence, the current request for sixty tablets of sertraline 50mg for the date of service 12/04/2014 is not medically necessary.