MAXIMUS Federal Services

Case Number:	CM15-0107306		
Date Assigned:	06/11/2015	Date of Injury:	06/13/2008
Decision Date:	07/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 48-year-old male, who sustained an industrial injury on 6/13/2008, due to cumulative trauma. The mechanism of injury regarding orthopedic complaints was not noted. The injured worker was diagnosed as having major depressive disorder, recurrent, and anxiety disorder, not otherwise specified. Treatment to date has included mental health treatment and medications. Currently (4/30/2015), the injured worker complains of ongoing depression, anxiety, and posttraumatic stress disorder (PTSD), because of the up and down nature of his moods and he was not receiving his medication. He was alert and oriented and cooperative but irritable. He made good eye contact and had a flat affect. No auditory or visual hallucinations were reported. The assessment noted major depression disorder, PTSD, anxiety, and insomnia. His work status was total temporary disability. His medication refills included Sertraline, Seroquel XR, Buspar, and Prazosin. The prior progress report (4/23/2015), he remained very anxious and depressed. He was having irritability and periods of agitation. His medication included Zoloft, for which refill was requested. Agreed Medical Examination report (1/20/2015) noted a Beck Depression Inventory score of 39. Urine toxicology (3/16/2015) was documented as consistent for his history. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft Tab 50mg QTY: 30 for 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sertraline (Zoloft); Mental Illness and Stress Chapter, Antidepressants for treatment of MDD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) . Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depressive disorder, recurrent, and anxiety disorder, not otherwise specified. Per report dated 4/23/2015, he remained very anxious and depressed and was having irritability and periods of agitation. Per report dated 4/30/2015, the injured worker continues to complain of ongoing depression, anxiety, and posttraumatic stress disorder (PTSD). Zoloft is an antidepressant however in this case, there is no evidence of objective functional improvement from the continued use of the medication as he continues to be depressed and anxious. Thus, the request for Zoloft Tab 50mg QTY: 30 for 30-day supply are not medically necessary.