

Case Number:	CM15-0014588		
Date Assigned:	02/02/2015	Date of Injury:	05/10/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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

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 45-year-old male who reported an injury on 05/10/2011 after loading 5 gallon containers onto his truck. The injured worker reportedly sustained an injury to his neck. The injured worker's treatment history included multiple medications and physical therapy. The injured worker was evaluated on 12/05/2014. It was noted that the injured worker's medications included promethazine hydrochloride 25 mg, acetaminophen/caffeine, trazodone 100 mg, metoprolol tartrate 50 mg, and sertraline hydrochloride 50 mg. The injured worker was evaluated on 12/18/2014. It was documented that the injured worker had continued pain complaints. Objective findings included tenderness to palpation of the right paravertebral musculature with restricted range of motion of the cervical spine secondary to pain. The injured worker's diagnoses included musculoligamentous strain and sprain of the cervical spine, and tendinitis of the right shoulder. The injured worker's treatment plan included continuation of medications. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg quantity 30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): (s) 13-16.

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

Decision rationale: The requested Sertraline 100mg quantity 30 with 6 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does support the use of antidepressant as a first line medication in the management of chronic pain. However, continuation of medications should be supported by documented functional benefit and assessment of pain relief. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain relief or significant functional benefit resulting from the use of this medication. Furthermore, the requested 6 refills does not allow for timely reassessment or evaluation to establish efficacy of this medication. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Sertraline 100mg quantity 30 with 6 refills is not medically necessary or appropriate.