

Case Number:	CM15-0019357		
Date Assigned:	02/09/2015	Date of Injury:	11/21/2011
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 11/21/2011. On 2/3/15, the injured worker submitted an application for IMR for review of Zoloft 50mg #270. The treating provider has reported the injured worker complained of depression, anxiety, lack of sleep, sexual dysfunction, decreased energy, loss of interest and motivation, diminished ability to experience pleasure feelings of worthlessness, hopelessness, episodes of uncontrollable crying, anxiety-related GI symptoms, reoccurring nervous tremor, intrusive and distressing reliving traumatic event (11/21/11). The diagnoses have included major depressive disorder, chronic pain. Treatment to date has included psychotherapy - cognitive behavioral individual and group therapy. On 1/8/15 Utilization Review MODIFIED FOR Zoloft 50mg #270 TO #30 WITH TWO REFILLS. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #270: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>)

Decision rationale: Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic are recommended over selective serotonin reuptake inhibitors." Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for this patient without clear documentation of efficacy. There is no clear rationale for using Zoloft rather than a tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Zoloft is not medically necessary.