

<b>Case Number:</b>	CM15-0117205		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 48-year-old female injured worker suffered an industrial injury on 3/27/2010. The diagnoses included overuse syndrome, hypermobility syndrome, DeQuervain's tenosynovitis and shoulder pain. On 5/6/2015 the treating provider reported bilateral upper extremity pain and developed progressively worsening bilateral hand and arm that localized to the radial aspect of her bilateral wrists and had numbness in the hands with pain was rated 10/10. The report also noted that multiple conservative treatment and diagnostic modalities were utilized; however, the specifics and details were not provided within the submitted medical records. She also complained of depressive symptoms. The duration of the use of Sertraline was unclear. The treatment plan included Sertraline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 50mg qty: 360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 14 and 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 141. 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:** MTUS states "SSRIs (selective serotonin reuptake inhibitors) - Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." 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 suffers from bilateral upper extremity pain secondary to industrial trauma and developed depressive symptoms secondary to the chronic pain symptoms per progress report dated 5/6/15. She was being prescribed Sertraline 50 mg daily for chronic pain as well as depression. The use of Sertraline is clinically indicated in this case, however the request is for a yearly supply of the medication, which is excessive as the medications should be monitored on a regular basis to watch for any objective functional improvement, tolerability, side effects etc. Thus, the request for Sertraline 50mg qty: 360 are not medically necessary.