

Case Number:	CM15-0124434		
Date Assigned:	07/10/2015	Date of Injury:	08/27/1999
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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 York
 Certification(s)/Specialty: Internal 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 46 year old male who sustained an industrial injury on 08/27/1999. Current diagnoses include chronic low back pain, status post lumbar fusion in 2004 and fusion from S1 to sacroiliac joints in 2007, and hardware removal in 2010, chronic left shoulder pain, status post left arthroscopic shoulder surgery in 2007, chronic right shoulder pain with history of arthroscopic right shoulder surgery x2, neck pain with upper extremity symptoms, and incisional hernia repair in 2007. Previous treatments included medications, surgical interventions, blocks, Botox injections, physical therapy, and home exercise program. Initial injuries occurred to the neck, shoulders, abdomen/groin, and low back when the fire truck he was riding swerved and rolled over a 20 foot embankment. Report dated 06/15/2015 noted that the injured worker presented with complaints that included ongoing evaluation of neck, back, and bilateral shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). The injured worker noted that the Zoloft helps to balance his mood and keeps his depression to a minimum. Current medications include Norco, Relafen, Neurontin, Zoloft, Soma, and Colace. Objective findings were documented as no acute distress today, but with no significant antalgic gait, and neurologically intact. The treatment plan included providing him with a one month supply of Norco, Relafen, and Neurontin, written prescriptions for Zoloft, he has refills of Soma and Colace at the pharmacy, obtained a urine drug screen, and follow up in one month. Submitted medical records indicate that the injured worker has been prescribed Zoloft since at least 01/22/2015. Disputed treatments include Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS recommends certain guidelines for the use of SSRIs (selective serotonin reuptake inhibitors). Sertraline (Zoloft) is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. In this case, there is no documentation of depression or evidence that the patient has failed traditional antidepressants. The request for Zoloft 50 mg is not medically necessary per guidelines.