

Case Number:	CM15-0124844		
Date Assigned:	07/09/2015	Date of Injury:	03/06/1995
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 68 year old female, who sustained an industrial injury on March 6, 1995. She reported pain in the neck and back and psychiatric symptoms. The injured worker was diagnosed as having bipolar 1 disorder, schizophrenia with manic disorder, urinary frequency and incontinence, overactive bladder, facet joint arthropathy, status post remote back and neck surgeries, failed back surgery, lumbar arachnoiditis, lumbar radiculopathy to the left lower extremity, thoracic spondylosis without myelopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the neck and back, psychiatric evaluation, SPECT imaging on June 1, 2015, sacroiliac joint injection on April 20, 2015, conservative care, medications and work restrictions. Currently, the injured worker complains of continued paranoid delusions with fair impulse control, fair hygiene and grooming, an anxious affect and involuntary muscle movement. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 31, 2015, revealed she required caregiver assistance 12 hours/day. Evaluation on April 15, 2015, revealed continued paranoid delusions. It was noted she believed someone was watching her and trying to harm her. Zoloft and other medications were continued. It was noted on a urology exam she was on multiple psychotropic medications with secondary urinary frequency and incontinence. It was noted she was anxious appearing at that time. Follow up psychiatry evaluation on May 11, 2015, revealed she was calm with fair hygiene and grooming, an anxious affect and having involuntary muscle movements secondary to tardive dyskinesia. She was noted to have paranoid delusions with fair impulse control. She noted

adequate sleep. It was noted she was stable since the last visit. It was noted she had poor concentration and attention. Contradictory to the mental status exam, the assessment and treatment plan noted she was stable with well controlled symptoms. Medications including Zoloft were continued. Zoloft 100mg #30 with 4 refills was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical anti-psychotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants 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 anti-depressants 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 has been diagnosed with bipolar 1 disorder, schizophrenia with manic disorder and is being prescribed Sertraline which is an antidepressant and increase the risk for mania in patients with Bipolar disorder. It is not clinically appropriate for a medication to be continued for five months without proper monitoring. Thus, the request for Zoloft 100mg #30 with 4 refills is excessive and not medically necessary.