

Case Number:	CM15-0072605		
Date Assigned:	04/22/2015	Date of Injury:	05/28/1999
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 05/28/1999. According to a progress report dated 03/04/2015, the injured worker complained of neck and left shoulder pain. Her average pain without medications was 9 on a scale of 1-10. With her current medications her pain was 5-6 on a scale of 1-10 and barely tolerable. She reported constipation from the medications. Diagnoses included cervicgia, pain in joint shoulder region and pain in joint lower leg. Treatment plan included increase Nucynta ER, continue with Cymbalta, Abilify, Zoloft and Elavil. Currently under review is the request for Zoloft 50 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective and stating that SSRIs have not been shown to be effective for low back pain; SSRIs have also not been proven to aid in improvement of function. A report from July 2014 indicates that utilization review previously non-certified a request for Zoloft, citing that the treating physician thought perhaps the patient got Zoloft from another provider. The patient in this case appears to be taking Cymbalta already, and without a psychological diagnosis to warrant an antidepressant (like major depression, etc.), the continued use of an SSRI for this work-related neck/shoulder injury is not medically necessary based on the provided records.