

Case Number:	CM13-0016274		
Date Assigned:	10/11/2013	Date of Injury:	10/11/2010
Decision Date:	05/07/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported an injury on 10/11/2010. The mechanism of injury was not provided. Current diagnoses include cervical pain and radiculopathy, lumbar radiculopathy, low back pain, major depression, post concussive syndrome, sleep disorder, occupational problem and headaches. The injured worker was evaluated on 02/11/2014. Mental status examination was not provided. Current medications include omeprazole DR, paroxetine, doxepan, Imitrex, gabapentin, and Norco. Treatment recommendations at that time included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOXEPIN 10MG, #30 BETWEEN 7/26/13 AND 9/9/13: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. As per the documentation submitted, the injured

worker has utilized this medication since 04/2013. Despite ongoing use, there is no documentation of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

PAROXETINE HYDROCHLORIDE 30MG, #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. As per the documentation submitted, the injured worker has utilized this medication since 04/2013. Despite ongoing use, there is no documentation of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.