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| Case Number: | CM13-0026348 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/02/2008 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/19/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant is a 55yo male who sustained a work related injury on 05/02/2008. The mechanism of injury was not provided. His diagnoses include right rotator cuff tear with SLAP lesion, C5-C6, C6-C7 degenerative disc disease with right C6 radiculopathy, and moderate reactive depression with anxiety. On exam he has pain with right shoulder abduction to 80 degrees, left shoulder abduction to 100 degrees with supraspinatus weakness at 4+/5 on the right. He has been treated with medical therapy, shoulder surgery, physical therapy and cortisone injections to the right shoulder and cervical spine. The treating provider has requested Paxil 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg, no quantity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Paroxetine (also known by the trade name Paxil among others) is antidepressant drug of the SSRI type. Paroxetine is used to treat depression, obsessive

compulsive disorder, social anxiety, posttraumatic stress disorder, generalized anxiety disorder and vasomotor symptoms (e.g. hot flashes and night sweats) associated with menopause. The requested medication, Paxil 20mg is medically necessary for the treatment of the patient's condition. The patient has a diagnosis of depression with associated anxiety and panic attacks as part of his chronic pain condition. The documentation indicates that he has been stable on Paxil therapy. Medical necessity for the medication, Paxil, has been established. The treatment is medically necessary.