

Case Number:	CM13-0054723		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2010
Decision Date:	05/02/2014	UR Denial Date:	10/19/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 61-year-old female with a reported date of injury on 09/27/2010; the mechanism of injury was not provided within the documentation. The injured worker was diagnosed with cervical spine discopathy, right upper extremity overuse tendinopathy, right shoulder rotator cuff syndrome, bilateral carpal tunnel syndrome, anxiety, and sleep disturbance. The injured worker was seen on 08/12/2013 for an evaluation. Objective exam findings included anxiousness and apprehensiveness when discussing returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAXIL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: ACOEM states a brief course of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximum effort, their usefulness in acute situations may be limited. The records sent for review do note that Paxil has been administered since at least 05/12/2013. The clinical note dated 08/12/2013 indicated the

injured worker had some continued anxiety and apprehensiveness. There were no symptoms of depression that were documented at this office visit. Also there was a lack of documentation indicating the injured worker has significant improvement in either subjective or objective findings since beginning Paxil. There was a lack of documentation showing any type of improvement. Also, the frequency and quantity of the medication was not provided in the request. Therefore the request for Paxil is non-certified.

ATIVAN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: ACOEM states anxiolytics are not recommended as first line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or individual coping mechanisms; they may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the injured worker to recoup emotional or physical resources. The documentation provided, specifically the most recent note of 08/12/2013, indicated the injured worker still was quite anxious and apprehensive about returning to work. The guidelines recommend the use of the medication for short term use and there was a lack of documentation indicating the injured worker has had significant documented improvement with the use of Ativan, along with antidepressants. Therefore, the request is non-certified.