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| Case Number: | CM14-0008371 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 02/04/2009 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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 California, Tennessee, and Virginia. 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 39 year old male injured on 02/04/09 due to undisclosed mechanism of injury. Diagnoses included major depressive disorder, anxiety disorder, male hypoactive sexual desire, and insomnia. Significant portion of the psychiatric progress reports were handwritten and difficult to decipher; however, on occasion it was noted the injured worker was experiencing symptoms of sadness, anxiety, pressured speech, and depressed mood. Clinical documentation dated 09/14/13 indicated the injured worker had a history of fall with back pain. The injured worker was anxious and frustrated with his situation. Result of current medications had been helping his depressive symptoms. The injured worker was now able to handle current stress and the medications helped with sleep. Current medications included Paxil 20mg PO QHS and Trazodone 10mg QHS. The initial request for retrospective request date of service 09/14/13 for Paxil 20mg #30 and Trazadone 50mg #30 was initially non-certified on 01/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 9/14/13) FOR PAXIL 20MG #30: 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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, paroxetine is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The documentation consistently indicates the patient reports feelings of sadness, anxiety, frustration and depression. It is also noted a decrease in those symptoms with the use of Paxil. As such, the request for (DOS: 9/14/13) Paxil 20MG #30 is recommended as medically necessary.

RETROSPECTIVE REQUEST (DOS: 9/14/13) FOR TRAZADONE 50MG #30:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel)

Decision rationale: As noted in the Mental Illness chapter of the Official Disability Guidelines - Online version, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The documentation indicates the injured worker has an ongoing history of major depressive disorder with associated anxiety. Additionally, the injured worker has complaints of insomnia that are improved with the use of trazodone. As such, the request for (DOS: 9/14/13) for trazodone 50MG #30 is recommended as medically necessary.