

Case Number:	CM14-0117474		
Date Assigned:	08/06/2014	Date of Injury:	09/01/2012
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old male with a 9/1/12 date of injury. At the time (7/14/14) of request for authorization for Paroxetine 10 mg #120 with two refills, there is documentation of subjective (low back pain) and objective (tenderness to palpation over the lumbar paraspinals and decreased reflexes in knees and ankles) findings, current diagnoses (major depressive disorder, psychalgia, chronic low back pain, degeneration of lumbar intervertebral disc, and psychosexual dysfunction), and treatment to date (ongoing therapy with Paroxetine since at least 3/14/14 with improved mood and increased functionality).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 10 mg #120 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, psychalgia, chronic low back pain, degeneration of lumbar intervertebral disc, and psychosexual dysfunction. In addition, given documentation of ongoing treatment with Paroxetine with improved mood and increased functionality, there is documentation of an increase in activity tolerance as a result of Paroxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for Paroxetine 10 mg #120 with two refills is medically necessary.