

<b>Case Number:</b>	CM14-0133048		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/11/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 51-year-old male with a 10/11/03 date of injury. At the time (8/1/14) of request for authorization for Paxil 40mg #30 with one refill, there is documentation of subjective (increasingly depressed attributed to increasing level of pain, pain medications have been discontinued due to increase in liver enzymes and he has been experiencing increasing pain which has become unbearable, thoughts of suicide, without intent for plan) and objective (oriented to time, place, person, and situation, though process organized, logical and goal directed, mood sad, affect congruent, tearful, and though content significant for suicidal ideation without intent or plan) findings, current diagnoses (major depressive disorder, first episode and anxiety disorder), and treatment to date (psychotherapy and medications (including ongoing treatment with Paxil)). There is no documentation 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 as a result of Paxil use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil 40mg #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. 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, first episode and anxiety disorder. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Paxil, there is no documentation 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 as a result of Paxil use to date. Therefore, based on guidelines and a review of the evidence, the request for Paxil 40mg #30 with one refill is not medically necessary.