

Case Number:	CM14-0025077		
Date Assigned:	06/11/2014	Date of Injury:	05/14/2007
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery 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 58-year-old female was reportedly injured on August 20, 2013. The mechanism of injury was noted as being grabbed by a student. The most recent progress note, dated February 2014, indicated there were ongoing complaints of neck and left upper extremity pains. The physical examination demonstrated tenderness to palpation, muscle spasm and a decreased range of motion. Strength was slightly reduced 4/5, and no sensory deficits were identified. Diagnostic imaging studies were referenced, but no specific findings identified. A request had been made for antidepressant medications and was not certified in the pre-authorization process on February 12, 2014. A functional capacity evaluation was completed in October 2013. A January 2014 orthopedic followup noted the diagnosis as a myofascial strain of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAXIL (PAROXETINE HCL)20MG #60 (RETRO REVIEW): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: The uses of antidepressant medications and chronic situations have been supported. However, in the progress notes reviewed, there was no indication or any reference to depression or clinical indication for such a medication. Therefore, there is no medical necessity for Paxil (Paroxetine HCL) 20mg #60.