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| Case Number: | CM14-0029095 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 10/07/2003 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 45 year old male who sustained an injury on 10/07/13. No specific mechanism of injury was noted. The injured worker was being followed for complaints of pain in the neck and right shoulder aggravated with range of motion. The injured worker was seen on 12/04/13 with findings including lumbar tenderness to palpation with decreased range of motion secondary to pain. Straight leg raise was positive to the left at 20 degrees. In the right shoulder there was tenderness at the supraspinatus tendon with decreased range of motion secondary to pain. There was a previous urine drug screen report from 07/10/13 which noted inconsistent findings with absent results for hydrocodone and positive findings for cyclobenzaprine which was not prescribed. There was a positive finding for prescribed tramadol. Paxil 20mg #60 was denied by utilization review on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAXIL PAROXETINE HCL 20 MG TABLETS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 14, 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to the request for Paxil 20mg quantity 60, this medication is a SSRI that can be utilized to address depression symptoms secondary to chronic pain. The clinical record did not identify any specific findings for ongoing depression which would have supported the use of this medication. The prior utilization review recommended modification of the request to three months for allowance of gradual tapering. Given the lack of any clear depression symptoms secondary to chronic pain, this reviewer agrees with the prior utilization review which recommended weaning of this medication only. As such, this reviewer would not have recommended ongoing use of Paxil as prescribed as medically necessary.