

<b>Case Number:</b>	CM14-0034015		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 58-year-old male who was injured on January 28, 2002. The patient continued to experience pain in his left ankle. Physical examination was notable for decreased range of motion of the left ankle. Diagnoses included left ankle derangement s/p fusion 8/7/09 and ambulatory dysfunctions. Treatment included pool therapy, ankle brace, crutches, epidural injections and medications. Request for authorization for Paxil 30 mg # 60 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Paxil is paroxetine, a selective serotonin reuptake inhibitor (SSRI). The role of SSRI's are controversial based on controlled studies. It has been suggested that the main

role of SSRI's may be in addressing psychological symptoms associated with chronic pain. SSRI's are not recommended per ODG. The request should not be authorized.