

Case Number:	CM14-0048944		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2012
Decision Date:	09/09/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and psychotropic medications. In a Utilization Review Report dated March 19, 2014, the claims administrator approved a request for Motrin, denied a request for paroxetine, and denied a request for tramadol. The claims administrator stated that the applicant carried a diagnosis of psychosis and that antidepressants were not the medication of choice for the same. The applicant's attorney subsequently appealed. In an April 3, 2013 medical-legal evaluation, it was suggested that the applicant was off of work and had not returned to work as a cook owing to ongoing complaints of low back pain. In a March 14, 2014 progress note, the applicant presented with a primary complaint of chronic low back pain. The applicant was using Mobic, Paxil, and Tramadol, it was stated. The attending provider documentation was highly templated and contained little in the way of narrative commentary. One of the applicant's stated diagnoses was "psychalgia" or pain disorders related to psychological factors. Tramadol, Mobic, and paroxetine were endorsed for the same. In another section of the report, it was stated, however, that the applicant would "trial" Paxil 20 mg for "industrial related anxiety and depression." The request in question, thus, appeared to represent a first time request for paroxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 20mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request in question, as suggested above, appeared to represent a first time request for paroxetine, an antidepressant. The attending provider stated that the paroxetine was being employed for anxiety and depression. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants may be helpful to alleviate symptoms of depression and often take "weeks" to exert their maximal effect. Introduction of paroxetine to combat the applicant's issues with depression and anxiety was appropriate. Therefore, the request is medically necessary.