

Case Number:	CM14-0065883		
Date Assigned:	07/11/2014	Date of Injury:	10/07/2003
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 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:

This 45 year-old patient sustained an injury on 10/7/2003 while employed by [REDACTED]. The request under consideration is Paroxetine HCL 20mg tab #60. A report dated 3/10/14 from the provider noted the patient with chronic ongoing cervical spine pain radiating down right arm associated with numbness and tingling; right shoulder pain radiating to shoulder blade. Exam of cervical spine showed tenderness at paraspinal muscles; decreased range of motion; positive Spurling's on right side; right shoulder with positive AC joint tenderness; positive Neer's/ Hawkin's/ O'Brien's. Treatment included topical compound and the patient remained off work. The request for Paroxetine HCL 20mg tab #60 was partially-certified for quantity #90 without refill on 4/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine HCL 20mg tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Anti-depressants for Treatment of Chronic Persistent Pain Page(s): 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Paroxetine, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs). Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2003 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Paroxetine HCL 20mg tab #60 is not medically necessary and appropriate.