

Case Number:	CM14-0078295		
Date Assigned:	07/18/2014	Date of Injury:	04/17/2002
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/28/2014

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:

According to the records made available for review, this is a 54-year-old with a April 17, 2002 date of injury, and status post L4-L5 and L5-S1 microlaminotomies with lysis of adhesions March 19, 2009. At the time (5/8/14) of request for authorization for Paxil 20mg #30 with 5 refills, there is documentation of subjective (pain that is essentially 10/10 most of the time and complains of feeling depressed) and objective (lumbosacral spine range of motion 70% of normal, tenderness to palpation along bilateral lower lumbar paraspinal muscles, iliolumbar and sacroiliac regions, minimal on right and moderate on left, facet maneuver equivocal on left and negative on right, reflexes 2+ and symmetrical in bilateral knees and 0 and symmetrical in bilateral ankles, and strength and sensation within normal limits in bilateral lower extremities) findings, current diagnoses (lumbar spinal stenosis), and treatment to date (medications (including ongoing treatment with Paxil)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Paxil use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg, thirty count with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of a diagnosis of lumbar spinal stenosis. In addition, there is documentation of chronic pain and depression. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Paxil use to date. Therefore, based on guidelines and a review of the evidence, the request for Paxil 20 mg, thirty count with five refills, is not medically necessary or appropriate.