

Case Number:	CM14-0078396		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2003
Decision Date:	09/17/2014	UR Denial Date:	05/08/2014
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 General Preventive Medicine and is licensed to practice in Indiana. 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 patient is a 45 year old female employee with date of injury of 10/7/2003. A review of the medical records indicates that the patient is undergoing treatment for cervical disc degeneration, lumbar disc disorder and bulge. Subjective complaints include persistent neck and right shoulder pain; low back pain radiating to both legs. Objective findings include tenderness of paraspinals in both cervical and lumbar areas; decreased range of motion of cervical spine; positive Spurling's test on the right side; positive Neer's, Hawkins, and O'Brien's tests. Treatment has included Hydrocodone, Tramadol, Cyclobenzaprine, Paroxetine, and shoulder arthroscopy with subacromial decompression and rotator cuff debridement. The utilization review dated 5/9/2014 non-certified Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg #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 SSRI Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications. Depression.

Decision rationale: Paxil is a selective serotonin reuptake inhibitor (SSRI). The MTUS Chronic Pain Medical Treatment Guidelines states that SSRI's are "not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." The ODG states "Paroxetine (Paxil, generic available): Also recommended for GAD, PD, OCD, and PTSD as well as major depressive disorder. Also approved for PD, major depressive disorder, and premenstrual dysphoric disorder. Dosing information: Initially 12.5 mg daily may increase up to 37.5mg daily." There is no documentation of any of the indicated disorders listed above, and Paxil is not recommended for her chronic pain. The employee has no documentation of associated psych symptoms with her pain. As such, the request for Paxil 20 mg #60 is not medically necessary.