

Case Number:	CM14-0081228		
Date Assigned:	07/18/2014	Date of Injury:	08/15/1999
Decision Date:	11/05/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old female who reported an injury on 08/15/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, congenital musculoskeletal deformities of the spine, unspecified gastritis, displacement of lumbar intervertebral disc without myelopathy, constipation, chronic pain, depressive disorder, insomnia. The previous treatments included medication, physical therapy, and a TENS Unit. Within the clinical note dated 05/09/2014, it was reported the injured worker complained of severe pain. She reported the pain affected her activities of daily living. Upon the physical examination, the provider noted that lumbar range of motion was fair with a positive Kemp's sign and positive for scoliosis. The lower extremities had deep tendon reflexes 2+. There was a positive straight leg raise with low back pain. The injured worker had decreased sensation to light touch in the right leg with paresthesia. The provider requested paroxetine for anxiety and depression. The request for authorization was submitted and dated 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 20 mg HS (hour of sleep) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13.

Decision rationale: The request for paroxetine 20 mg at bedtime (hour of sleep) #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for neuropathic pain. The provider failed to document an adequate and complete assessment warranting the medical necessity for the request. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.