

Case Number:	CM14-0089540		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2007
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 April 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; trigger point injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for paroxetine. Overall rationale was sparse. The claims administrator simply quoted the guideline and stated that the information provided did not meet the guideline. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported persistent complaints of neck pain and headaches. The applicant posited that ongoing usage had helped her remain functional. The applicant was on Prilosec, Tizanidine, Naproxen, Norco, Robaxin, and Zantac, it was noted, Trigger point injections were apparently performed in the clinic. The applicant was already permanent and stationary. A variety of medications was refilled. The applicant did not appear to be working with permanent limitations in place. On July 21, 2014, the applicant was again given refills of Naproxen, Norco, Robaxin, and Zantac. Persistent complaints of neck pain, low back pain, and headaches were reported. On February 26, 2014, Norco and Zantac were renewed. There was no mention of issues with depression on this date. The remainder of the file was surveyed. There was no explicit mention of issues associated with depression on several progress notes on file, including on February 26, 2014, January 14, 2014, December 5, 2013, and/or May 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine HCL 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Antidepressants for chronic pain recommends as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006).

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

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants "may be helpful" to alleviate symptoms of depression, in this case, however, the evidence on file does not establish the presence of ongoing issues with depression which would support provision of paroxetine (Paxil), an antidepressant medication. No rationale for selection and/or ongoing usage paroxetine was furnished by the attending provider therefore, the request is not medically necessary.