

Case Number:	CM14-0099621		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2012
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 38-year-old male with a date of injury of 9/1/12. The mechanism of injury occurred when he slipped and fell at work. On 6/6/14, he complained of low back pain, had completed physical therapy and was transitioned to a home exercise program. He is continuing with psychotherapy, which is beneficial. He stated there was improvement in his mood with the trial of paroxetine (Paxil), which he takes daily. Objective findings included restricted range of motion and tenderness in the lumbar paraspinals, and facet joints. The diagnostic impression is major depressive disorder, chronic back pain, and anhedonia. Treatment to date include physical therapy, home exercise program and medication management. A UR decision dated 6/17/14 denied the request for paroxetine. The continuation of paroxetine is appropriate although without refill to facilitate medication monitoring. Therefore, the request was modified from paroxetine 10mg #120 with 1 refill to paroxetine 10mg #120 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 10mg#120 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The California MTUS states that SSRI's 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. The patient was prescribed Paxil 20mg daily on 3/14/14. He stated he had mood improvement with the Paxil. On 6/6/14, it was noted that the dose of Paxil was increased to Paxil 10mg, the patient to take 3 tablets (30mg) daily for 1 month and can increase to 4 tablets (40mg) daily as needed and as tolerated for 30 days. As with all drugs effective in the treatment of major depressive disorder, the full effect may be delayed. Some patients not responding to a 20mg dose may benefit from dose increases in 10mg per day increments, with dosing changes occurring at intervals of at least 1 week. The provider documents that the goal is to have the patient take 4 tablets daily, which would equal #120 tablets for a 1- month supply. The request is for #120 tablets with 1 refill, which is reasonable. Therefore, the request for paroxetine 10mg #120 with 1 refill is medically necessary.