MAXIMUS Federal Services

Case Number:	CM14-0187174		
Date Assigned:	11/17/2014	Date of Injury:	08/20/2012
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Practice 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:

This 51 year old female claimant sustained a work injury on 8/31/12 involving the shoulder, neck and low back. She was diagnosed with chronic shoulder, lumbar, thoracic and cervical myofacial pain. She had also been depressed secondary to her industrial injury. She had been on Paxil for depression, tricyclic antidepressants (Amitryptiline) and Tylenol for pain as well as topical Lidoderm since at least March 2014. A progress note on 6/3/14 indicated the claimant had pain and reduced range of motion in the shoulders and spine. There was paracervical and paralumbar tenderness. Depression symptoms were not mentioned. A recent request was made in October 2014 for the continuation of Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 107.

Decision rationale: Anti-depressants such as Paxil play a role in managing depression. In this case, the claimant had been on Paxil for several months. Behavior, mood or medication

assessment was not mentioned in the clinical notes. There was also no mention of behavioral therapy, psychotherapy, counseling or other methods to manage her depression aside from pharmacotherapy. In addition, the claimant had been on Tri-cyclic anti-depressants. The need for Paxil was not justified and is not medically necessary, per MTUS.