MAXIMUS Federal Services

Case Number:	CM14-0194979		
Date Assigned:	12/02/2014	Date of Injury:	09/29/2004
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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 injured worker is a 56-year-old male who reported an injury on 09/29/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy, and mood disorder. Physical medical treatment consists of medication therapy. Medications consist of Fexmid, Nalfon, Norco 10, Paxil, Prilosec, Ultram ER and 2 topical compounds. On 05/19/2014, a UA was collected which revealed that the injured worker was inconsistent with prescription therapy. It showed that he was negative for Prilosec. On 09/09/2014, the injured worker complained of persistent pain over the lumbar spine and bilateral sacroiliac joints. Physical examination of the lumbar spine revealed tenderness to palpation in the paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was tenderness to palpation over the bilateral sacroiliac joints. Straight leg raise test in supine position was positive at the bilateral lower extremities at 20 degrees. Patrick's/Fabere tests were positive. Motor strength was 5/5 in the in the bilateral upper and lower extremities. Sensory examination was diminished to light touch and pinprick at the bilateral S1 dermatomal distribution. Reflexes were 1+ throughout with both toes down going. The rationale and request for authorization from were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Paxil 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonine reuptake inhibitors (SSRIs), Paxil Page(s): 16, 107.

Decision rationale: According to the MTUS Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain but SSRIs may have a role in treating secondary depression. SSRIs, a class of antidepressants that inhibits serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. Guidelines also state that is has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The submitted documentation indicated that the injured worker had been taking Paxil since at least 05/19/2014. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with the injured worker's diagnosis of mood disorder. Furthermore, urinalysis submitted on 05/19/2014 indicated that the injured worker was inconsistent with prescription therapy. It was documented in the UA that the Paroxetine (Paxil) was not detected in the sample. Additionally, there was no rationale submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.