

Case Number:	CM15-0136032		
Date Assigned:	07/24/2015	Date of Injury:	12/12/2006
Decision Date:	09/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old female who sustained an industrial injury on 12/12/06. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy and status post lumbar fusion. Currently, the injured worker complains of residual pain over the right sacroiliac joint. Previous treatments included status post lumbar fusion x2, oral pain medication, selective serotonin reuptake inhibitor, nonsteroidal anti-inflammatory drugs. Previous diagnostic studies included computed tomography. The injured workers pain level was not noted in progress note provided. Physical examination was notable for well-healed incision over the midline lumbar area, tenderness to palpation to the sacroiliac joint with noted muscle spasms, decreased range of motion secondary to pain and stiffness. The plan of care was for Paxil 20 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: The injured worker sustained a work related injury on 12/12/06. The medical records provided indicate the diagnosis of lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy and status post lumbar fusion. Treatments have included status post lumbar fusion x2, oral pain medication, selective serotonin reuptake inhibitor, nonsteroidal anti-inflammatory drugs. The medical records provided for review do not indicate a medical necessity for Paxil 20mg #60. Paxil (Paroxetine), is an antidepressant belonging to the selective serotonin reuptake inhibitors. The medical records indicate the injured worker has been on this medication at least since 01/2005. The MTUS and the Official Disability Guidelines consider the SSRIs (selective serotonin reuptake inhibitors) as controversial drugs for treatment of chronic pain.