

Case Number:	CM15-0136068		
Date Assigned:	07/24/2015	Date of Injury:	12/19/2010
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 55-year-old female injured worker suffered an industrial injury on 12/19/2010. The diagnoses included depressive disorder reported in the QME from 9/23/2015 that was noted in the AME report of 5/20/2015. The Paxil was treatment for depression. The treatment included medications. Paxil had been in use at least 6 months. It was not clear if the injured worker had returned to work. The requested treatments included Paxil 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413, Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications/SSRIs.

Decision rationale: According to the 9/10/14 dental QME, Paxil was aggravating bruxism. She was advised to stop taking Paxil or any other SSRI. The worker stated she was only taking the Paxil 3 times a month anyway. The patient had been taking this medication for depression. According to 6/16/15 primary treating physicians progress note this worker was experiencing neck and back pain radiating into the upper and lower extremities with pain, paresthesia and numbness. It was stated she was relatively well controlled with the current medical and physical regimen. It was also stated she has been utilizing Prilosec, Ambien and Paxil and that this has been a stable regimen for some time and the patient reports good benefit. There was no discussion or diagnosis of depression. It is not clear from the documentation, the purpose of the Paxil. There was no documented objective improvement in pain or function in response to Paxil. In any case, the ODG states that SSRI's are not recommended as a treatment for chronic pain, but SSRI's may have a role in treating secondary depression. However, this medication had previously been discontinued as an antidepressant for her due to causing bruxism. Given this fact and the absence of a current diagnosis or mention of depression, this medication cannot be considered appropriate in regards to depression. If the intended purpose is for pain, there is lack of justification with evidence of objective improvement in pain and function in response to Paxil. The ODG as stated above does not recommend SSRI's for pain. The MTUS considers it an option for neuropathic pain secondary to tricyclic anti-depressants and anti-epilepsy drugs. There is no documentation of a trial of these medications. In summary, it is not clear why this worker is taking Paxil or that she is receiving any benefit although the record does report harm from the medication. Furthermore, its use for either pain or depression for reasons discussed above is not medically necessary or appropriate.