MAXIMUS Federal Services

Case Number:	CM15-0218260		
Date Assigned:	11/10/2015	Date of Injury:	05/07/2002
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain, complex regional pain syndrome (CRPS), and major depressive disorder (MDD), reportedly associated with an industrial injury of May 7, 2015. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for Paxil. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 3, 2015 office visit, the applicant reported 7- 8/10 low back, foot, and ankle pain, exacerbated by standing and walking. The applicant was given multiple medication refills. The applicant was using Percocet and baclofen, the treating provider reported. The applicant was described as having issues with sleep and mood disturbance. There was, however, no mention of Paxil on this date. The treating provider stated towards the bottom of the report that the applicant was permanently disabled. On February 12, 2015, the applicant reported ongoing issues with low back pain radiating to the bilateral lower extremities. The applicant's medication list included baclofen, Colace, folate, Lidoderm, Zantac, Paxil, Percocet, Lyrica, Seroquel, and vitamins, the treating provider reported. The applicant was described as medically disabled, the treating provider reported. Brand-name Paxil was prescribed. The applicant's psychiatric review of systems was positive for anxiety, stress, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 30mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Paxil, an SSRI anti-depressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for anti-depressants such as Paxil to exert their maximal effect, here, however, the applicant had been using Paxil for a minimum of several months prior to the date in question, September 3, 2015. Said September 3, 2015 office visit stated that the applicant was still having difficulty concentrating, maintaining relationships with others, enjoying life, sleeping, etc. The applicant still had issues with mood disturbance reported on this date. The applicant was described as permanently disabled, the treating provider reported on September 3, 2015. On an earlier note dated February 12, 2015, the applicant was described as having ongoing issues with depression, anxiety, and psychological stress. Once again, the applicant was described as medically disabled, the treating provider reported on February 12, 2015. No seeming improvement in mood or function achieved as a result of ongoing Paxil usage was outlined on the dates in question(s). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.