

Case Number:	CM14-0138719		
Date Assigned:	09/05/2014	Date of Injury:	11/14/1995
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, and insomnia reportedly associated with an industrial injury of November 14, 1995. Thus far, the injured worker has been treated with the following: Analgesic medications; psychotropic medications; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 20, 2014, the claims administrator apparently conditionally certified/partially certified a request for Paxil as a one-month supply of the same. The applicant's attorney subsequently appealed. In an appeal letter dated August 20, 2014, it was stated that the injured worker was using Paxil to treat psychological issues, depression, anxiety, and chronic pain associated with the industrial injury. MRI imaging of the lumbar spine was also sought. The attending provider stated that Paxil was inexpensive and stated that he would prefer that approval for Paxil be "extended to one year."

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil (dosage and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Paxil (paroxetine): SSRIs (selective serotonin reuptake inhibitors)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Paxil may be helpful to alleviate symptoms of depression, ACOEM notes that it typically takes "weeks" for antidepressants to exert their maximal effect. In this case, however, the attending provider seemingly sought authorization for Paxil in unspecified amounts, it was suggested on the Utilization Review Report. In his letter, the attending provider then stated that he was seeking a year's supply of Paxil. This, in effect, represents treatment in excess of the MTUS parameters as it typically only requires weeks for antidepressants to exert their maximal effect, ACOEM notes. Therefore, the request is not medically necessary.