

Case Number:	CM14-0094736		
Date Assigned:	07/25/2014	Date of Injury:	09/25/1986
Decision Date:	10/07/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 64-year-old male who has submitted a claim for cervical degenerative disc disease, and depressive disorder associated with an industrial injury date of September 25, 1986. Medical records from 2013-2014 were reviewed. The patient complained of slight neck pain. The neck feels a little tense with minimal pain with left rotation. The patient has no new problems with any depression or anxiety. Physical examination showed tenderness on the C5-C6 paraspinal facet region. There was restriction in range of motion on left lateral rotation of the cervical spine. Affect was normal. Imaging studies were not available for review. Treatment to date has included medications, activity modification, and cervical spine fusion. Utilization review, dated June 13, 2014, denied the request for Paxil CR tab 25mg because it was not supported fully in the treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil CR 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PTSD

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs), Page(s): 16.

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, patient was taking Paxil since at least May 2013. Functional benefit from the medication was not documented. Recent progress report dated May 20, 2014 state that the patient has no pain issues and was not depressed or anxious. There is no compelling indication for the medication at this time. Therefore, the request for Paxil CR 25mg #30 is not medically necessary.