

Case Number:	CM14-0119997		
Date Assigned:	09/16/2014	Date of Injury:	12/20/2013
Decision Date:	01/23/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 50 year old patient with date of injury of 12/20/2013. Medical records indicate the patient is undergoing treatment for cervical strain, left shoulder strain and right knee strain. Subjective complaints include headaches described as sharp and occasional, rated 5/10; neck pain described as dull and constant, rated 4/10; left shoulder pain described as dull and constant, rated 6/10; right wrist pain described as sharp and occasional, rated 8/10; right knee pain described as sharp and occasional, rated 7/10 with occasional clicking. Objective findings include left shoulder flexion 180, positive apprehension test and SLR test was negative. Treatment has consisted of physical therapy, psychological counseling, Amitriptyline, Topamax, Ultram, Melatonin and Nadolol. The utilization review determination was rendered on 07/22/2014 recommending non-certification of Paroxetine 20 mg QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 13-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications, Depression

Decision rationale: Paxil is an SSRI (Selective serotonin reuptake inhibitors). California MTUS states "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. ODG states "Paroxetine (Paxil, generic available): Also recommended for GAD, PD, OCD, and PTSD as well as major depressive disorder. Dosing information: 20-60mg daily. (Bandelow 2002) Paroxetine controlled release (Paxil, generic available): Also approved for PD, major depressive disorder, and premenstrual dysphoric disorder. Dosing information: Initially 12.5 mg daily may increase up to 37.5mg daily. (PPI GlaxoSmithKline)". The patient is being treated for PTSD and anxiety. The treating physician does not specify a daily frequency and the number of tablets requested. The current request is not complete and is only requesting one tablet. As such, the request for Paroxetine 20 mg QTY: 1 is not medically necessary at this time.

Nadolol 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension treatment <https://online.epocrates.com>, Nadolol

Decision rationale: California MTUS is silent specifically with regards to Nadolol. Therefore, other guidelines were utilized. Official Disability Guidelines (ODG) states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: - ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) - Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition - Calcium channel blockers: - Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia) (3) First line, 3rd addition - Thiazide diuretic - Hydrochlorothiazide (HCTZ) (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): - Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: - Aldosterone receptor blockers: Spironolactone (Aldactone) - Direct renin inhibitor: Aliskiren (Tekturna) - Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) - Central α_2 agonists: Clonidine (Catapres) - Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) Nadolol is a beta blocker and the treating physician is utilizing the medication for anxiety, which is an off label use and not FDA approved. As such, the request for Nadolol 20 mg QTY: 1 is not medically necessary.

