

Case Number:	CM14-0218329		
Date Assigned:	01/08/2015	Date of Injury:	04/18/2013
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female sustained work related industrial injuries on April 18, 2013 while working as a pharmacy tech. The mechanism of injury involved repetitive work activity. The injured worker subsequently complained of neck pain, bilateral shoulders pain and bilateral wrist pain. The injured worker was diagnosed and treated for thoracic outlet syndrome of the left arm, bilateral wrist pain, possible DeQuervain's tenosynovitis and myofascial restrictions. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, chiropractic treatment, acupuncture therapy, home exercise therapy, ice/heat therapy, braces, consultations and periodic follow up visits. Per treating provider report dated November 7, 2014, the injured worker rated her pain an 8/10 and reported that the pain may decrease to a 6/10 at best. The provider noted that the treatment plan was to continue with therapy and medications until the treating team can be more definitive. As of November 7, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for Paxil 20mg tablet once daily with 3 refills now under review. On December 3, 2014, the Utilization Review (UR) evaluated the prescription for Paxil 20mg tablet once daily with 3 refills requested on November 21, 2014. Upon review of the clinical information, UR non-certified the request for Paxil 20mg tablet once daily with 3 refills, noting the lack of functional improvement and lack of sufficient clinical documentation to support medical necessity, and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 30mg #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs
Page(s): 107.

Decision rationale: The patient complains of persistent neck pain, bilateral shoulder and bilateral wrist pain. The current request is for Paxil 30 mg x 3 refills. Paxil is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). This drug is used to treat depression, OCD, anxiety disorders, PTSD. CA MTUS states that SSRIs are not recommended for chronic pain, but may play a role treating secondary depression. The records made available for review do not mention a diagnosis of depression, anxiety disorders, PTSD or OCD. Records do indicate that the patient has been taking Paxil as far back as May 2014. There is no documentation of functional improvement with the usage of this medication. The current request does not appear to be supported by MTUS guidelines and as such, recommendation is for denial.