

Case Number:	CM15-0029102		
Date Assigned:	02/23/2015	Date of Injury:	04/11/2011
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on April 11, 2011. The mechanism of injury is unknown. The diagnoses have included psychalgia, depressive disorder, shoulder joint pain, lumbar post-laminectomy syndrome, disorder of bursa of shoulder region, chronic pain syndrome and insomnia. Treatment to date has included medication and acupuncture. On January 14, 2015, the injured worker complained joint pain, back pain and headache. He complained of worsening pain and affected sleep since some of his medications have been denied. He reported his medications to help him function without pain. He is feeling angry, depressed and frustrated due to the pain. His sleep has also been significantly worse since the discontinuation of his Cymbalta medication. He is now only averaging 3-4 hours of sleep per night. On January 19, 2015, Utilization Review modified a request for Paroxetine 10 mg to Paroxetine 10mg x one month supply, noting the CA Chronic Pain Medical Treatment Guidelines. Utilization Review modified a request for medication management therapy 2 times a week for 4 weeks to medication management x 1, noting the Official Disability Guidelines. On February 17, 2015, the injured worker submitted an application for Independent Medical Review for review of Paroxetine 10mg and medication management therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mental and anti-depressants pg 10.

Decision rationale: According to the guidelines, SSRI depressants are recommended as initial treatment for moderate and severe depression. Paroxetine like Cymbalta is an SSRI. The claimant's depressions worsened when he was off of Cymbalta. A treating psychiatrist had recommended the claimant remain on an SSRI. SSRI are optimal for most patients with depression and related symptoms. As a result, the Paroxetine is medically necessary.

Medication Management Therapy two times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and follow-up pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, there was no indication for 8 visits in 1 month for medications. Most medications including anti-depressants take much longer for clinical effect. Such frequent visits are not routine for the claimant's diagnoses. The request is not medically necessary.