

Case Number:	CM15-0078723		
Date Assigned:	04/29/2015	Date of Injury:	10/05/2014
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male sustained an industrial injury to the right knee and right arm on 10/5/14. Previous treatment included magnetic resonance imaging, electromyography, bracing, knee immobilizer and medications. In a PR-2 dated 4/13/15, the injured worker complained of severe right knee pain, paresthesias to the right third, fourth and fifth fingers and tenderness to the right elbow. The injured worker stated that he needed stronger pain medications. The injured worker complained of ongoing depression and stated that his insurance was not approving anything. The injured worker was awaiting authorization for physical therapy. The injured worker reported that he wanted to get back to work soon. His wife was not working either and the family was having a hard time economically. Current diagnoses included right knee pain, right arm paresthesia and depression. The treatment plan included medications (Naproxen, Paxil and Tramadol) and referral to a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: The injured worker sustained a work related injury on 10/5/14. The medical records provided indicate the diagnosis of right knee pain, right arm paresthesia and depression. Treatments have included bracing, knee immobilizer and medications. The medical records provided for review do not indicate a medical necessity for Paxil 10mg #30 with 3 refills. Paxil (Paroxetine), is a selective serotonin reuptake inhibitors antidepressant. The antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, the SSRIs (selective serotonin reuptake inhibitors) are not recommended as first line antidepressants for chronic pain. The Official Disability Guidelines classifies paxil as an "N" drug, meaning it is not a first line drug and must undergo utilization review, and can only be authorized if there is failure of the first line drugs or if adverse effects from the first line drugs prevent their being used. The records reviewed do not indicate the injured worker has failed treatment with the first line antidepressants like the tricyclic antidepressants. The request is not medically necessary.