



14785 Preston Road, Suite 550 | Dallas, Texas 75254 |
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Notice of Independent Review Decision
Amended and Sent 8/07/2011

DATE OF REVIEW: 7/30/2011

Date of Amended Review: 8/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MEDICAL NECESSITY FOR PAXIL 20 MG # 30 (3) REFILLS

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D. Board Certified in Psychiatry and Neurology

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	7/12/2011
Adverse Determination Letter Pre-Authorization Request Form	6/24/2011-7/06/2011 6/21/2011
Request for Clinical Information	6/13/2011
Anesthesia & Pain Management Letters of medical Necessity	6/13/2011-6/21/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient suffered a work-related back injury in xx/xx. She has since suffered from chronic low back pain and has had an L4-5 laminectomy. She was also diagnosed with secondary Complex Regional Pain Syndrome. She was also diagnosed with Depression in 2001. She showed improvement in her symptoms on a combination of analgesics, antidepressants and neuropathic pain specific analgesics.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The use of Paxil is medically necessary and indicated to help treat depression for this patient.

ODG criteria do not recommend the use of antidepressants for chronic pain, however in patients with concurrent depression as in this patient, antidepressants are recommended.

The ODG criteria for antidepressants to treat depression are as follows:

Antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression including depression in physically ill patients.

Based on the above information, and the fact that this patient has depression in addition to chronic pain, use of Paxil is recommended to help treat depression.



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REFERENCES

ODG Mental Illness and Stress Chapter

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES