

<b>Case Number:</b>	CM14-0120441		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family Practice, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 47 year old female patient who sustained a work injury on 12/12/06 involving the low back. She was diagnosed with a disc herniation and lumbar radiculitis. She had undergone a lumbar fusion. A CT of the lumbar spine on 5/5/14 indicated the claimant had a posterior decompression of the L4-L5 spine and spondylosis with subluxation of L5-S1. Her chronic pain had been managed with Naproxen, Norco, Ultram and Paxil. A progress note on 5/28/14 indicated the patient had pain after recently falling. She had paraspinal muscle tenderness and a healed surgical scar. She remained on her medications and used a transcutaneous electrical nerve stimulation (TENS) unit. A request was made in July 2014 to continue Paxil IR 20 mg daily. There was no indication of recent depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil IR Tab 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Peer Review Contact.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** Paxil is an SSRI antidepressant. According to the MTUS guidelines, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Tricyclic antidepressants are 1st line for neuropathic pain. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. In this case, there is no indication that the Paxil is continued to be used for pain or depression. The claimant is on numerous analgesics. The dose response to pain with the use of Paxil's contribution is unknown compared to the combination of other medications taken. The Paxil has been used for over 2 years. The continued use of Paxil is not indicated nor medically necessary.