

Case Number:	CM14-0184781		
Date Assigned:	11/12/2014	Date of Injury:	04/16/2009
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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:

Patient is a 37 year-old female with date of injury 01/14/2009. The medical document associated with the request for authorization, a pain medicine and psychiatry progress report, dated 09/15/2014, lists subjective complaints as depression, low back pain, and intermittent headaches. Objective findings: Provider reports that the patient was less depressed and less anxious. She was struggling with her low back pain, but that it is not worse and she is not disabled by it. Diagnosis: 1. Depression. 2. Anxiety. 3. Low back pain. The medical records supplied for review document that the patient has been taking Tramadol and Paroxetine for at least as far back as four months. Lidocaine Cream was first prescribed on 07/07/2014. Medications: 1. Tramadol HCL ER 150 mg, #60 SIG: BID. 2. Paroxetine 20 mg, #60 SIG: at night. 3. Lidocaine Cream 3% SIG: apply directly to low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol HCL ER 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis, Opioids for chronic pain, Opioid, long.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Tramadol HCL ER 150 mg #60 is not medically necessary.

1 prescription of Paroxetine 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388; 402, Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. There is good documentation present in the medical record asserting that the patient has had significant improvement in her psychological symptoms while taking Paxil. I am reversing the previous utilization review decision. Paroxetine 20 mg #60 is medically necessary.

1 prescription of Lidocaine cream 3% #30 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS recommends lidocaine patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. There is no documentation of a trial of first-line therapy. Lidocaine cream 3% #30 ml is not medically necessary.