

Case Number:	CM14-0024930		
Date Assigned:	06/11/2014	Date of Injury:	08/04/2000
Decision Date:	08/12/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 67-year-old male with a reported date of injury on 08/04/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical radiculopathy, lumbosacral spondylosis, post laminectomy syndrome and chronic sleep disorder. His previous treatments were noted to include medications, epidural steroid injections, medial branch blocks and home exercises. The progress note dated 02/05/2014 revealed the injured worker complained of neck and right arm pain and low back pain. The injured worker revealed having some difficulty sleeping and went through some exercises to clear his mind. The injured worker revealed his pain level with medications was rated 5 out of 10 and his pain level without medications was rated 9 out of 10. The physical examination revealed psychiatrically normal mood and affect, and he had memory for current and past events intact. There was a decreased range of motion to the cervical spine and lumbar spine. There was paraspinal muscle tenderness without spasms noted. His medication regimen was noted to include Norco 10/325 mg 1 to 2 by mouth 4x a day as needed for pain, Lunesta 3 mg 1 by mouth at bedtime as needed for insomnia, methadone 10 mg 3 in the morning, 2 in the evening and 1 at bedtime, and paroxetine 40 mg 1 by mouth twice a day and as an adjunctive medication for pain relief. The Request For Authorization form dated 02/05/2014 was for paroxetine 1 by mouth twice a day, #30, refill x1 for depression and as an adjunctive medication for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAROXETINE HCL 40MG #30 WITH NO REFILLS: Upheld

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

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

Decision rationale: The request for Paroxetine Hydrochloride 40 mg, #30 with no refills is not medically necessary. The injured worker has been utilizing his medications since at least 06/20/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as the first line of treatment for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line treatment, ineffective, poorly tolerated and are contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressive effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and duration and psychological assessment. The guidelines recommend tricyclic antidepressants as a first line option especially if the pain is accompanied by insomnia, anxiety or depression for neuropathic pain. The guidelines recommend antidepressants as an option in depressed patients, but effectiveness is limited. Neuropathic is generally treated with analgesics and ant-inflammatories, A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain, but the effect on function is unclear. This effect appeared to be based on the inhibition of norepinephrine re-uptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Antidepressants are an option, but there are no specific medications that have been proven at high quality studies to be effective for the treatment of lumbosacral radiculopathy. There is a lack of documentation regarding first line treatment attempted with tricyclics and a lack of documentation regarding depression to warrant an antidepressant. There is a lack of clinical findings to document depression and the efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.