

<b>Case Number:</b>	CM14-0205081		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab 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:

The patient is a 49-year old female with date of injury 10/23/06. The treating physician report dated 11/4/14 (36) indicates that the patient presents with chronic back pain, Depression with anxiety and Chronic Pain Syndrome. In the PR-2 dated 9/30/14 the patient reported "not feeling OK" and had not over the previous several weeks. There had been an increase in her anger and irritation and an incident where she poked her husband in the stomach with a knife. She had been crying more and not sleeping well. She had had an abrupt cessation of Venlafaxine and Paroxetine, which she had used for two years, contributing to her behavior changes. On her 11/14/14 follow-up, after returning to her regular dose of Paroxetine and Venlafaxine, the patient reported continued improvement with decreased agitation and irritability and increased feelings of peacefulness and calm. However, she reported still having significant pain and side effects from the hydrocodone and the muscle relaxer; significant dyspepsia, gastritis and constipation. Prior treatment history includes weekly chronic pain group, OTC Senna tea, Paroxetine 40 mg, Venlafaxine 75 mg, Hydrocodone and an unspecified muscle relaxant. The current diagnoses are: -Depression with anxiety-Chronic pain syndrome  
The utilization review report dated 11/30/14 (41) denied the request for Paroxetine 20mg 2 orally at bedtime for 6 months, Senna 8.6mg b.i.d. #60 for 6 months, Omeprazole 20mg orally once daily #30 for 6 months, and Venlafaxine ER 75mg 1 orally at morning for 6 months based on MTUS, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paroxetine 20mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, chronic, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** The patient presents with chronic back pain, Depression with anxiety and Chronic Pain Syndrome. The current request is for Paroxetine 20mg. The treating physician report dated 11/14/14 noted that after returning to her regular dose of Paroxetine and Venlafaxine, the patient reported continued improvement with decreased agitation and irritability and increased feelings of peacefulness and calm. The MTUS guidelines state selective serotonin reuptake inhibitors (SSRIs) are recommended for the treatment of psychological symptoms associated with chronic pain. In this case the treating physician has documented that the patient is more stable mentally with Paroxetine. The MTUS guidelines on page 60 require documentation of pain and function. The current request is medically necessary.

**Senna 8.6mg b.i.d. #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for us Page(s): 77.

**Decision rationale:** The patient presents with chronic back pain, Depression with anxiety and Chronic Pain Syndrome. The current request is for Senna 8.6mg b.i.d. #60. The treating physician report dated 11/14/14 states "she reported still having significant pain and side effects from the hydrocodone and the muscle relaxer; significant dyspepsia, gastritis and constipation". MTUS guidelines state that prophylactic medication for constipation should be initiated when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, specifically Hydrocodone. The requested Senna is medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with chronic back pain, Depression with anxiety and Chronic Pain Syndrome. The current request is for Omeprazole 20mg #30. The treating physician report dated 11/14/14 states "she reported still having significant pain and side effects

from the hydrocodone and the muscle relaxer; significant dyspepsia, gastritis and constipation". MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs.MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the reports provided show discussion of dyspepsia, but the physician has not documented that the patient is being prescribed any NSAIDs. The request is not medically necessary.

**Venlafaxine ER 75mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

**Decision rationale:** The patient presents with chronic back pain, Depression with anxiety and Chronic Pain Syndrome The current request is for Venlafaxine ER 75mg. The treating physician report dated 11/14/14 noted that after returning to her regular dose of Paroxetine and Venlafaxine, the patient reported continued improvement with decreased agitation and irritability and increased feelings of peacefulness and calm. MTUS guidelines state that Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressant and has FDA approval for treatment of depression and anxiety disorders. It goes on to state that withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case the treating physician has documented improved function and decreased pain with Venlafaxine. The request is medically necessary.