

Case Number:	CM15-0216100		
Date Assigned:	11/05/2015	Date of Injury:	10/25/2000
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 66 year old female, who sustained an industrial injury on 10-25-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, lumbar post-laminectomy syndrome, unspecified myalgia and myositis, thoracic and lumbosacral neuritis and radiculitis, and lumbar spondylosis. Medical records (05-05-2015 to 09-29-2015) indicate ongoing low back pain with radiating pain into the right lower extremity. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS) without medications, and 3 out of 10 with medications. Records also indicate no changes in pain levels, activity levels, or level of functioning. The IW's work status was not specified. The physical exam, dated 09-29-2015, revealed normal mood and affect, mild distress, limited range of motion, tenderness over the right lumbosacral area, positive straight leg raise on the right, abnormal sensation in the L2-3 dermatome distributions, and palpable twitch positive trigger points. Relevant treatments have included: physical therapy (PT), epidural steroid injections, work restrictions, and medications (Paxil since at least 05-2015). The treating physician indicates that there has been no evidence of drug or doctor seeking, aberrant behaviors, and no adverse side-effects from medications. The request for authorization (09-30-2015) shows that the following medication was requested: Paxil 20mg #30. The original utilization review (10-02-2015) non-certified the request for Paxil 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Testing, Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Regarding the request for Paxil (paroxetine), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Paxil treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Paxil 20mg #30 is not medically necessary.