

Case Number:	CM15-0028934		
Date Assigned:	02/20/2015	Date of Injury:	09/17/1999
Decision Date:	04/01/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on September 17, 1999. His diagnoses include lumbar pain and lumbar degenerative disc disease. He has been treated with work modifications, transcutaneous electrical nerve stimulator, and medications including analgesics, muscle relaxants, and non-steroidal anti-inflammatories. On January 21, 2015, his treating physician reported lumbar spine pain rated a 6. The physical exam revealed moderately decreased range of motion of the lumbar spine, intact neurological exam, and a normal gait. The treatment plan includes continuing his current analgesic and antidepressant medications. On February 23, 2105, his treating physician noted that an antidepressant was prescribed for mild depression which may help him sleep better at night. On January 31, 2015, Utilization Review modified a prescription for Paxil 10mg #30 with 1 refill, noting the lack of evidence of major depression or post traumatic stress disorder symptoms. A prior request for this medication was modified for weaning purposes, and the continued weaning until successful completion is recommended. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 10mg #30, 1 refill (01/21/2015 - 04/28/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The patient has been prescribed Norco for chronic use, and in September 2014 [REDACTED] recommended cognitive behavioral therapy in attempt to aid in weaning the patient from opioids. A request for Paxil 10mg #30 was modified by Utilization Review (January 19, 2015) to 15 tablets for weaning, and the concurrent Norco request was certified for use until the completion of treatment with Paxil, at which time weaning of Norco was recommended. Paxil (paroxetine) is an antidepressant and selective serotonin reuptake inhibitor (SSRI). The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective and stating that SSRIs have not been shown to be effective for low back pain; SSRIs have also not been proven to aid in improvement of function. The patient in this case does not appear to have neurologic dysfunction or neurogenic pain based on the provided medical records, and without a work-related psychological diagnosis to warrant an antidepressant, the continued use of an SSRI for this work-related back injury cannot be considered medically necessary based on the provided records.