

Case Number:	CM15-0072124		
Date Assigned:	04/22/2015	Date of Injury:	11/18/2003
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 11/18/2003. Diagnoses include herniated disc lumbosacral spine, lumbar radiculopathy and left knee internal derangement. Treatment to date has included medications, surgical intervention (undated) and diagnostics. Per the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker reported persistent low back pain centered over the sacroiliac joint and left knee pain which is aggravated by the left sacroiliac joint pain. Physical examination of the lumbar spine revealed well healed incisions. There was positive tenderness to palpation over the paraspinal musculature and left sacroiliac joint. Fabre's test and Patrick's test are positive. Supine straight leg raise was positive at 20 degrees bilaterally. Examination of the left knee revealed well healed incision with positive diffuse tenderness. The plan of care included medications and retrospective authorization was requested for Paroxetine 10mg x4 (DOS 1/24/2008 and 2/25/2008). Per the doctor's note dated 1/23/2007 patient had complaints of low back pain and left knee pain. Per the doctor's note dated 1/23/2007 patient had complaints of low back pain and left knee pain with radiation in left LE with numbness and tingling. The patient has had difficulty in sleeping, anxiety and depression. Physical examination of the lumbar spine revealed antalgic gait, muscle spasm, tenderness on palpation, limited range of motion, decreased sensation in LE and positive SLR. The medication list includes Vicodin, Plaxil, Soma, Prilosec and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 10 mg, four count, provided on January 24 and February 25, 2008: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Request: Paroxetine 10 mg, four count, provided on January 24 and February 25, 2008. Paroxetine is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) 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. Per the doctor's note dated 1/23/2007 patient had complaints of low back pain and left knee pain. Per the doctor's note dated 1/23/2007 patient had complaints of low back pain and left knee pain with radiation in left LE with numbness and tingling. The patient has had difficulty in sleeping, anxiety and depression. Physical examination of the lumbar spine revealed antalgic gait, muscle spasm, tenderness on palpation, limited range of motion, decreased sensation in LE and positive SLR. The pt has chronic pain with significant objective findings, sleep disturbance, anxiety and depression. The cited guidelines support the use of a SSRI for addressing psychological symptoms associated with chronic pain. The request for Paroxetine 10 mg, four count, provided on January 24 and February 25, 2008 is medically necessary and appropriate.