

Case Number:	CM13-0020623		
Date Assigned:	10/11/2013	Date of Injury:	02/24/2009
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 42-year-old female with a DOI on 2/24/09 to the low back. EMG (electromyography) dated 5/7/13 reveals bilateral carpal tunnel syndrome. The patient has been authorized for a spinal cord stimulator on 7/18/13. PTP PR2 on 8/5/13 reveals patient is having back and bilateral carpal tunnel pain. She uses wrist splints. Exam findings reveal tenderness of the lumbar spine. Diagnosis is chronic low back and right lower extremity pain, status post surgery of lumbar spine in 5/09 and 5/10, post laminectomy syndrome and bilateral CTS (Carpal Tunnel Syndrome). The patient takes Oxycontin 40 mg po tid, IBP 800 mg po bid and Lexapro 10 mg 1/day. The request is for Lexapro 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107.

Decision rationale: CA MTUS chronic pain guides on page 107 state that Selective Serotonin Reuptake Inhibitors (SSRIs), such as Lexapro, are not recommended for the treatment of chronic

pain. They may be used for treatment of secondary depression. There is an indication that the patient has been intolerant of this SSRI. Also, there is a psychological evaluation from 2/12/2013 indicating the patient does not have any psychological disorders and a spinal cord stimulator was recommended. The patient has also been started on Effexor, an SNRI (serotonin and norepinephrine reuptake inhibitor). There is no need documented for a combination anti-depressant treatment. Therefore, as guidelines do not recommend SSRI for chronic pain and there is no indication of depression, this treatment is not medically necessary.