

Case Number:	CM13-0045659		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2003
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 10/31/2003. The mechanism of injury was not provided for review. The patient ultimately developed right upper extremity complex regional pain syndrome secondary to an ulnar nerve transposition that took place in 04/2006. The patient failed to respond to all other treatments and underwent spinal cord stimulator implantation in 2008 with revision in 11/2012. Prior treatments also included trigger point injections that provided at least 50% pain relief and increased range of motion. The patient was also treated with medications to include Norco 10/325 mg, Prilosec, Topamax, Lyrica and Lexapro. The patient's most recent clinical evaluation revealed the patient had 9/10 pain with medications. Physical findings included decreased grip strength, hypersensitivity of the medial elbow in the ulnar nerve distribution of the left hand. Objective findings of the right hand included fist-like contracture, tenderness to palpation over the medial scapular region, and decreased range of motion of the left shoulder. The patient's treatment plan included continuation of medications and additional trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain, and Antidepressants for Chronic Pain, pgs. 60 and 13 Page(.

Decision rationale: The requested Lexapro 10 mg is not medically necessary or appropriate. The MTUS guidelines do recommend the use of antidepressants in the management of a patient's chronic pain. However, the MTUS recommends the use of medications in the management of chronic pain be supported by documentation of functional benefit and in a quantitative assessment of pain relief. The clinical documentation submitted for review indicates that the employee has 9/10 pain which does not support significant pain relief with medication usage. Additionally, there is no documentation of functional benefit related to the medication schedule. As such the continued use would not be supported. As such, the requested Lexapro 10 mg is not medically necessary or appropriate.