

<b>Case Number:</b>	CM13-0058818		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. The expert reviewer is Board Certified in Psychiatry 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 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/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 62 year old female with date of injury of August 22, 2003. The patient had an industrial injury that resulted in chronic pain and psychological symptoms subsequent to the injury. Physical therapy, medications, injection therapy and surgery has been done. A progress report by Pain Management dated October 24, 2013 indicated that the patient is being prescribed lexpro 10mg (three times a day), remeron 10mg (at bedtime) and diazepam 5mg (twice daily) for anxiety and depression. Psychiatric review of systems is negative per that report. There is no progress report available from the physician that is prescribing the psychotropic medications in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE (DOS 10/24/2013) PROSPECTIVE USAGE OF ESCITALOPRAM OXALATE 1 X 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Antidepressants Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of Major Depressive Disorder (MDD).

**Decision rationale:** The California MTUS guidelines state that SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines state that for MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In the submitted documentation, there is no information available from the physician prescribing escitalopram for the patient. There is no progress report indicating the psychiatric symptoms in which it is being prescribed for, the severity of symptoms, or the goals of treatment. Therefore, the request is not medically necessary.

**RETROSPECTIVE (DOS 10/24/2013) PROSPECTIVE USAGE OF MIRTAZAPINE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines, Remeron® (Mirtazapine).

**Decision rationale:** The FDA states that Remeron® (Mirtazapine) is indicated for the treatment of major depressive disorder. In the submitted documentation, there is no information available from the physician prescribing Mirtazapine for the patient. There is no progress report indicating the psychiatric symptoms in which it is being prescribed for, severity of the symptoms, goals of the treatment, or the length of time it is intended to be continued. Therefore, the request is not medically necessary.