

<b>Case Number:</b>	CM13-0059172		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 who reported an injury on 10/13/2010. The mechanism of injury involved a fall. The patient is currently diagnosed with left wrist internal derangement, early left wrist reflex sympathetic dystrophy/complex regional pain syndrome, status post left wrist arthroscopy with debridement, left scapholunate ligament tear, and left wrist sprain. The patient was seen by [REDACTED] on 07/30/2013. Current medications included Lexapro 10 mg. Physical examination revealed tenderness to palpation, restricted range of motion, hyperalgesia, hypesthesia, and allodynia. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20 mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107;. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 13-16, and 107.

**Decision rationale:** The MTUS Guidelines indicate that SSRIs are not recommended as a treatment of chronic pain, but may have a role in treating secondary depression. According to the documentation submitted, the employee does not maintain a diagnosis of depression. The employee's psychological examination was negative on the requesting date of 07/30/2013. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request is non-certified.