

Case Number:	CM13-0064313		
Date Assigned:	05/12/2014	Date of Injury:	05/03/2006
Decision Date:	08/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, 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 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 injured worker is a 60-year old female injured on 05/03/06 as a result of a fall with subsequent diagnosis of CRPS(Complex Regional Pain Syndrome) of the left upper extremity and right lower extremity, left rotator cuff tendinitis and impingement syndrome, acromioclavicular joint arthritis, left L4-5 disc bulge, left lumbar radiculopathy, reactive depression on Lexapro, and psychological treatment. The medical legal utilization review appeal dated 12/13/13 indicated with medication use the injured worker was able to perform activities of daily living independently, ambulate with single point cane, and became non-functional without medications. The injured worker had significant depression related to inactivity and pain and was authorized to see pain psychologist which she had been compliant. The injured worker utilized Opana ER for chronic intractable pain and was tapered down to low dose 5mg every 12 hours. Celebrex 200mg was utilized for musculoskeletal pain/arthritis. Protonix was utilized due to a history of gastroesophageal reflux disease due to Celebrex and Opana. Lexapro was utilized for reactive depression with previous PHQ-9 scores recently of 23/30 indicative of severe depressive symptoms. With Lexapro she was more alert, able to sleep better, and function better. The injured worker utilized Nortriptyline for sleep and neuropathic pain. The original request 1 prescription of Lexapro 5mg #60 date of services: 11/19/13 was non-certified on 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 RX LEXAPRO 5 MG #60 DOS: 11/19/13:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

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

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are considered a first-line treatment of major depression. The documentation indicates with the use of Lexapro the injured worker was more alert, able to sleep better, noted improved function, and decreased depressive symptoms. As such, the request for Lexapro 5 mg #60 DOS: 11/19/13 is recommended as medically necessary.