

Case Number:	CM13-0064953		
Date Assigned:	01/03/2014	Date of Injury:	03/17/2013
Decision Date:	03/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 38-year-old female with a 3/17/13 date of injury. At the time of request for authorization for Retrospective request for Lexapro 10mg (#30) dispensed on 10/28/13, there is documentation of subjective (low back pain radiating to the left lower extremity) and objective (tenderness to palpation of the lumbar spine and pain with lumbar range of motion) findings, current diagnoses (lumbar spine sprain and strain with degenerative disc disease), and treatment to date (physical therapy and medications). There is no documentation of depression/major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Lexapro 10mg (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), and Official Disability Guidelines (ODG), Pain,.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors (SSRIs), are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. ODG identifies documentation of major

depressive disorder, as criteria necessary to support the medical necessity of Lexapro. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain and strain with degenerative disc disease. However, there is no documentation of depression/major depressive disorder. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Lexapro 10mg (#30), dispensed on 10/28/13 is not medically necessary.