

<b>Case Number:</b>	CM13-0067996		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/23/1998
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 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 63 year old male with an injury reported on 3/23/98. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/12/13 reported that the injured worker complained of neck and low back pain. Per objective findings, it was reported that the range of motion to the injured worker's lumbar spine limited flexion to 30 degrees and extension to 5 degrees. The injured worker's prescribed medication list included Dilaudid 2mg, duragesic patch 100mcg, Norco 10/325, Colace 100mg, and motrin. The injured worker's diagnoses included status-post left shoulder surgery on 2/12/04 and cervical fusion at C3-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEXAPRO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** The injured worker complained of neck and low back pain. It was noted that the injured worker recently had a psychiatric evaluation for a spinal cord stimulator trial on 10/14/13, and was recommended an antidepressant such as Lexapro or Cymbalta as an adjunct to

psychotherapy. According to the California MTUS guidelines, antidepressants are recommended as a first line option for chronic and neuropathic pain, and as a possibility for non-neuropathic pain. According to the Official Disability Guidelines, Lexapro is recommended as a first-line treatment option for major depressive disorder. It is unclear what the intended purpose for Lexapro is in the context of this injured worker. It was noted that the injured worker had a trial spinal cord stimulator on 10/14/13, the rationale is unclear on how Lexapro would enhance the injured worker with the implant. Also, the dose and quantity are not specified. Therefore, the request is not medically necessary.

**CYMBALTA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**Decision rationale:** The injured worker complained of neck and low back pain. It was noted that the injured worker recently had a psychiatric evaluation for a spinal cord stimulator trial on 10/14/13, and was recommended an antidepressant such as Lexapro or Cymbalta as an adjunct to psychotherapy. According to the California MTUS guidelines, Cymbalta is recommended as a first-line treatment option for neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effects found to be significant by the end of week one (effect measured as a 30% reduction in baseline pain). The requesting provider did not specify on dose or quantity. As such, the request is not medically necessary.