

Case Number:	CM13-0069301		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2003
Decision Date:	06/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 injured worker is a 51-year-old male who reported an injury on 06/20/2003. The mechanism of injury was not stated. Current diagnoses include lumbar postlaminectomy syndrome, lumbar disc disorder, sacroiliac pain, lumbosacral disc degeneration, and status post lumbar fusion surgery. The injured worker was evaluated on 12/04/2013. The injured worker reported 4/10 pain with poor sleep quality and activity limitation. Physical examination revealed an antalgic gait, limited lumbar range of motion, paravertebral muscle tenderness, positive straight leg raising, and patchy sensation to light touch. Treatment recommendations included continuation of Lexapro 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 10 MG 1 DAILY # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 2013, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. As per the documentation submitted, the injured worker does not maintain a diagnosis of major depression. There is no comprehensive psychological evaluation provided for review. The medical necessity for the requested medication has not been established. As such, the request is not medically necessary.