

<b>Case Number:</b>	CM14-0000625		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/17/1997
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine, 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 patient is a 70 year old female who was injured on 07/17/1997 due to a cumulative trauma. Prior treatment history has included the following medications: Klonopin, Lexapro and Topamax. Diagnostic studies reviewed include urine drug screens on 06/17/2013 and 10/02/2013 that detected a positive result for Citalopram. A progress report dated 06/17/2013 documented the patient with complaints of neck pain, bilateral shoulder pain and stiffness. She cannot bend and has difficulty ambulating. She has no suicidal ideation and cannot sleep well. Her pain level is 9/10. Objective findings on exam reveal the patient has an antalgic gait. The range of motion in the cervical and lumbar spine is decreased. She has a frozen left shoulder. Diagnoses include irritable bowel syndrome, fibromyalgia, and GERD. The patient's treatment plan included a urine toxicology screen, Lexapro, Topamax, Klonopin, and physical therapy 2 x a week for 4 weeks requested. A progress report dated 10/02/2013 documented the patient is taking Lexapro, Klonopin and Topamax. She has a lack of energy. She is unable to heel-toe walk. Objective findings on exam reveal her gait is antalgic and blood pressure is 110/83. The patient has stiffness. A UR report dated 12/06/2013 denied the request for Escitalopram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESCITALOPRAM 10MG ONE TABLET PER DAY #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), Treatment Index, 11th Edition (web), 2013, Escitalopram.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Escitalopram (Lexapro) is a selective serotonin reuptake inhibitor (SSRI) and it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. As per the ODG, Escitalopram is recommended as a first-line treatment option for major depressive disorder. In this case, this patient has chronic pain and has been diagnosed with IBS plus orthopedic conditions, GERD, and fibromyalgia. However, there is no documentation that the patient is diagnosed with a major depression disorder. A progress report dated 06/17/2013 indicates that she cannot sleep at night but has no suicidal or homicidal ideation. A UR report dated 12/20/2013 indicates that " [REDACTED] specifically stated he is not requesting Escitalopram or Clonazepam and has instructed to injured worker that she should receive these medications from her psychiatrist." Thus, medical necessity has not been established. The request is not medically necessary and appropriate.