

<b>Case Number:</b>	CM14-0017320		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/08/1991
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 07/07/1991. The mechanism of injury involved heavy lifting. Current diagnoses include low back pain and status post lumbar fusion on 09/20/2012. The injured worker was evaluated on 12/09/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation of the lumbar spine with limited range of motion and negative straight leg raising bilaterally. Treatment recommendations included initiation of Lexapro for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEXAPRO 10MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines (May 2009), Anti-depressant medications (Lexapro), as well as Official Disability Guidelines, Pain (Chronic), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Escitalopram (Lexapro®).

**Decision rationale:** The California MTUS Guidelines state selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The Official Disability Guidelines state Lexapro is recommended as a first line treatment option for major depressive disorder. The injured worker does not maintain a diagnosis of major depressive disorder. There is no evidence of a formal and objective assessment of the injured worker's psychological status. As Guidelines do not recommend SSRIs in treatment of chronic pain, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request for Lexapro 10 mg, #60 is not medically necessary and appropriate.