

Case Number:	CM14-0017999		
Date Assigned:	04/16/2014	Date of Injury:	04/29/2008
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 30-year-old female who reported an injury on 04/29/2008. The mechanism of injury was a fall. The clinical information submitted for review indicated that the injured worker had a history of ongoing pain due to a fracture to her fifth (5th) metatarsal in her right foot. According to the most recent progress note on 04/09/2014, the injured worker was having ongoing pain in the right foot and leg which had caused her to fall. Her decreased stabilization reportedly required her to utilize a cane for walking and it was noted that she felt her emotional well-being had been compromised secondary to constant pain and diminished functional ability. She was diagnosed with complex regional pain syndrome, chronic pain syndrome, insomnia, and depression/anxiety. She had undergone treatment, which included Gabapentin, Cymbalta, Lunesta, Terocin, Alprazolam, Lexapro, and a spinal cord stimulator. Based on the documentation provided for review the injured worker began taking Lexapro 10mg in 10/2013, with an increase to 20mg in 12/2013. A request for authorization was submitted on 04/17/2014. The Lexapro 20mg was reportedly recommended to minimize her panic attacks and enable her to decrease Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 20MG, #30 WIH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS & STRESS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, ANTIDEPRESSANTS - SSRI_s VERSUS TRICYCLICS (CLASS).

Decision rationale: The injured worker has a history of Complex Regional Pain Syndrome and depression. The most recent information submitted for review dated 04/09/2014, noted the injured worker had reported an increase in her pain which had caused falls. This progressive decrease in functional ability had caused increased depression symptoms. Based on the documentation provided for review the injured worker began taking Lexapro 10mg in 10/2013, with an increase to 20mg in 12/2013. The documentation shows the injured worker reported she is sleeping better although sleep quality and duration are not included. The Official Disability Guidelines support selective serotonin-reuptake inhibitors (SSRIs) in the treatment of depression as most studies show positive outcomes. The guidelines also support SSRIs as a first-line treatment for depression. Based on the clinical documentation, showing depression and symptom improvement with previous the use of Lexapro, continued use would be supported. However, as the documentation shows a recent change in the patient's pain and functional status, refills beyond a thirty (30) day supply are not warranted, without documented evidence of functional and psychological improvement. As such, the request for Lexapro 20mg, #30 with 2 refills is non-certified.