

<b>Case Number:</b>	CM14-0112360		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 26 year-old individual was reportedly injured on 4/11/2008. The mechanism of injury is noted as a fall. The most recent progress note, dated 6/18/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated muscular skeletal: reflexes the knees and ankles are 2+, motor function of the lower extremities 5/5. Sensory exam was within normal limits. No recent diagnostic studies are available for review. Previous treatment includes injections, medications, and surgery. A request had been made for Maxalt 10 mg number sign 18, Lexapro 20 mg #60, and was not certified in the pre-authorization process on 7/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TABLETS OF LEXAPRO 20 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be

effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Lexapro, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.

**MAXALT 10 MG, # 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Head (trauma, headaches, etc., not including stress & mental disorders) (updated 06/9/2014.)

**Decision rationale:** Sumatriptan belongs to the triptan class of medications used to treat migraine headaches. The activity is based on an agonist effect on the serotonin 5 HT receptors causing a vasoconstriction, inhibiting the release of inflammatory mediators. The record provides no objective force objective clinical findings on physical exam to necessitate the need for this medication. Therefore, this request is deemed not medically necessary.