

Case Number:	CM14-0119271		
Date Assigned:	08/06/2014	Date of Injury:	01/25/1993
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Illinois. 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 56-year-old female who reported an injury on 01/25/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker ultimately underwent lumbar fusion and developed chronic pain. The injured worker's chronic pain was managed with medications. The injured worker's medications included morphine sulfate, Percocet, Lexapro, Ambien, and Soma. The injured worker was evaluated on 06/30/2014. It was noted within the documentation that injured worker had received authorization from a judge to allow for all medications to be covered under her Worker's Compensation claim. Objective physical findings included positive straight leg raising test bilaterally with decreased range of motion of the thoracic and lumbar spine. The injured worker's diagnoses included low back pain, lumbar degenerative disc disease, lumbar radiculopathy, status post lumbar spine fusion L4-5, failed back surgery syndrome, fibromyalgia, bilateral TMJ disorder, and depression. The injured worker's treatment plan included a refill of medications. It was noted that the injured worker was being prescribed Lexapro for depression. No request for authorization form was submitted to support the request. A letter of appeal dated 07/24/2014 submitted by the injured worker indicated that the injured worker had been on this medication since at least 2003 and it was prescribed to address her chronic pain, depression, and fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13.

Decision rationale: The requested Lexapro 10 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends antidepressants to address chronic pain. However, California Medical Treatment Utilization Schedule recommends that any medication used in the management of chronic pain be supported by documented functional benefit and evidence of symptom relief. The clinical documentation submitted for review does not provide any evidence that the requested medication continues to provide symptom relief or increase in functionality. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not contain a frequency of treatment or a quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Lexapro 10 mg is not medically necessary or appropriate.