

<b>Case Number:</b>	CM14-0124109		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 61-year-old female who has submitted a claim for lumbar disc disorder, and major depressive disorder, moderate; associated with an industrial injury date of June 9, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated at 6 out of 10. Physical examination showed patient has an antalgic gait and is limping. Examination of the lumbar spine revealed tenderness in the right and left paravertebral regions at the L2-L3, L3,L4 and L4-L5 levels. Tenderness is also present on the right buttock. Limited range of motion noted. Spasm and tenderness also noted at the thoracic spine. Treatment to date has included oral medications such as NSAIDs, opioids and antidepressants. Utilization review from July 29, 2014 denied the request for Norco 10/325MG, #150 because use of this medication is no longer supported and should be given a weaning dose. The request for Lexapro 20mg #30 was also denied because the patient reports that this medication is ineffective. Continuous use of a non-efficacious medication would not be indicated. The patient has been on Norco and Escitalopram since at least November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg qty #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on Norco since at least November 2013. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325MG, #180 is not medically necessary.

**Lexapro 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications in chronic pain.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, escitalopram (Lexapro) is can be used for generalized anxiety disorder as part of chronic pain treatment. It is also recommended for major depressive disorder. In this case, patient has been on this escitalopram since November 2013. Although the patient has been diagnosed with major depression, there is no recent documentation of the patient's psychological symptoms, or improvement in the patient's psychological condition, to support the continued use of this medication. Therefore, the request for Lexapro 10mg #30 with 3 refills is not medically necessary.