

Case Number:	CM14-0124494		
Date Assigned:	08/08/2014	Date of Injury:	09/05/2006
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 injured worker is a 66-year-old female who reported an injury on 09/05/2006. The mechanism of injury was the injured worker tripped over concrete. The prior treatments included medications. The documentation of 07/16/2014 revealed the injured worker had been utilizing Norco 10/325 4 times a day. The injured worker had objective functional benefit and an objective decrease in pain with the medication. The injured worker's surgical history was stated to be none. The physical examination revealed the injured worker had tenderness at the distal quadriceps. The injured worker had left knee x-rays. The impression was left knee internal derangement and contusion anterior knee. The treatment plan included Lexapro 20 mg 1 tablet by mouth 4 times a day refills x 3. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 16. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC PAIN.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating the injured worker had neuropathic pain. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lexapro 20 mg #30 is not medically necessary.