

<b>Case Number:</b>	CM14-0125725		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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, has a subspecialty in Pain Management 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 04/02/14 psychology progress report states DSM-IV diagnoses of severe major depression, recurrent posttraumatic stress disorder. The report states that the patient plans to start Prozac today. On 05/23/14 [REDACTED] follow up visit note states her Prozac dose was increased to 40 mg, after she complained that it wasn't working. She has been already taking it for two months. The 07/23/14 psychology progress report stating the patient was notified of Trazodone prescription. The 07/24/14 [REDACTED] progress report states that Tramadol was discontinued due to lack of efficacy. The injured worker is a 57-year-old female with a 9/07 date of injury when she was rear-ended in a car accident. The 07/24/14 pain management progress report by [REDACTED] states complains of low back pain from 5 to 10/10 with radiation to right hip. Medications are helping however, the side effects include constipation. Her Sleep quality is poor and continues to have numbness, tingling and lower extremity weakness on the left. Examination states limited range of motion lumbar spine, and tenderness on palpation on both sides, from L1 to L4. The straight leg raises were positive at 90 degrees in sitting position bilaterally. Shoulder ROM is limited. Light touch sensation is decreased on the lateral calf on the left side. Diagnoses include pain in joint, shoulder, thoracic/sacral neuritis or radiculitis and lumbago, and sciatic nerve lesion. The injured worker has been on an ongoing medication therapy consisting of Norco and Gabapentin. The prior review had certified the 07/24/14 request for Trazodone, assuming it was for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health

**Decision rationale:** Records indicate DSM-IV diagnosis of major depression and recurrent post-traumatic stress disorder, as well as diagnoses of low back pain, sciatic nerve lesion and thoracic/lumbosacral neuritis/radiculitis. Both Lexapro and Prozac are SSRI class antidepressants, recommended as a first line option for major depressive disorder. The documentation does not clearly establish if Prozac was discontinued after 05/26/14, when the patient was reported to increase her Prozac dose to 40mg. The clinical documentation presents no rationale for concurrent prescriptions of Lexapro and Prozac. The patient was certified for Trazodone, which is a second generation antidepressant (SARI class), recommended as second-line for PTSD for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Although guidelines for MDD and PTSD recommend a trial of SSRIs prior to tricyclic or second-generation drugs, patient has already been taking Prozac and review of medical records reveals its questionable efficacy. Lastly, the clinical documentation also presents no rationale for concurrent prescriptions of Lexapro and Trazodone. The start and endpoints of each prescribed antidepressant are not identified, and there is no discussion of their efficacy. The medical necessity for Lexapro has not been established. Therefore, the request is not medically necessary.