

Case Number:	CM14-0133901		
Date Assigned:	08/27/2014	Date of Injury:	05/03/2006
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/21/2014

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 Maryland and Alabama. 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 55 year old female with an injury date on 5/3/2006. Mode of injury not clear based on the available medical records. The patient had subjective findings of severe left upper extremity and right lower extremity pain based on a progress note by [REDACTED] on 8/7/14. The patient lost some of his daily functions and participated in 2 sessions of pool therapy. The patient had a depressed affect and a questionnaire resulted in a diagnosis of severe depressive symptoms. She was diagnosed with complex regional pain syndrome, AC joint arthritis, left L4-5 disc bulge, and reactive depression due to pain. She has been on Lexapro for 2 years and she was given refill for her Lexapro 5mg #60 which is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR LEXAPRO 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain & Escitalopram (Lexapro®)

Decision rationale: MTUS guidelines indicate antidepressant medication may be prescribed for major depression and that this is best done in conjunction with specialty referral. Because these guidelines are intended for acute conditions, the ODG were also consulted and indicate lexapro is recommended as first-line treatment option for major depressive disorder. However, this patient seemed to be on this medication (lexapro) for at least 2 years based on the available records without improvement. A speciality referal is prefered a this time followed by proper adjustment of the dosage/medication for her symptoms since she has not been showing any improvement with this request. Therefore, based on the guidelines and the available data, this request is not medically necessary at this time and a tapering protocol should be applied.