

Case Number:	CM14-0136571		
Date Assigned:	09/03/2014	Date of Injury:	01/25/1993
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Nevada. 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 records presented for review indicate that this 55 year-old female was reportedly injured on 1/25/1993. The most recent progress note, dated 7/28/2014. Indicates that there are ongoing complaints of low back pain radiates in the bilateral lower extremities. The physical examination demonstrated thoracolumbar spine: flexion 20, extension, lateral flexion, and rotation are 10. Positive straight leg rise at 40 bilaterally. Reflexes 2+ equal bilaterally, muscle strength 5/5 equal bilaterally. Injured worker has decreased sensation in the right L4-5 dermatome. Patient ambulates with a limp. Positive tenderness to palpation over the lumbar paraspinal muscles at L4-5 and 5-S-1. Patient has all 18 tender points as established by the American College of rheumatology for diagnostic criteria for fibromyalgia, positive tenderness to palpation bilateral TMJ. No recent diagnostic studies are available for review. Previous treatment includes medications, epidural steroid injections, lumbar surgery, and conservative treatment. A request had been made for Lexapro 10 mg and was not certified in the pre-authorization process on 8/14/2014.

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 Page(s): 13-16 & 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Lexapro, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, states the patient should be seen by psychiatrist to be diagnosed with depression. As such, this request is not considered medically necessary.