

Case Number:	CM14-0182160		
Date Assigned:	11/07/2014	Date of Injury:	02/09/2012
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old female with an injury date of 02/09/12. Based on 09/25/14 progress report provided by [REDACTED], the patient complains of panic attacks including walking, singing and breathing in a bag. She had days of insomnia a month ago. She also suffers from low back pain and shoulder pain. Detailed examination of the patient revealed anxious mood. Progress report dated 08/19/14 provided by [REDACTED] states that the patient's blood pressure increases with increase in pain. Physical examination, as per progress report dated 07/01/14, reveals tender paracervical traps, limited range of motion in the neck, and possible slight weak triceps. The patient appears anxious and tearful. The patient underwent left shoulder arthroscopy, debridement, sub-acromial decompression, Mumford, acromioplasty, partial labrecomy, synovectomy, and lysis of adhesions on 11/14/12, as per progress report dated 08/19/14. The patient received post-operative physical therapy which helped only during the therapy. She also progressed slowly at the rehab, per progress report dated 08/19/14. Progress report dated 07/24/14 states that the patient received six sessions of psychotherapy with functional improvement. MRI of the cervical spine, dated 06/17/14:- Moderate disc desiccation without thinning C3-4, C5-6, and C6-7.- Slight effacement Thecal sac in the midline at C6-7. Diagnosis, 09/25/14:- Major depressive disorder.- Pain disorder- Panic disorder [REDACTED] [REDACTED] is requesting for ESCITALOPRAM 10 OR 20 mg. The utilization review determination being challenged is dated 10/22/14. The rationale was "The PTP has indicated a request for a 10 or 20mg tablet. Since the reviewers cannot assume, the request for Escitalopram 10 or 20mg QTY: 360 is denied." Treatment reports were provided from 02/06/14 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 10 or 20 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for Treatment of MDD, chapter Mental Illness and Stress

Decision rationale: This patient presents with anxiety and panic attacks along with low back and shoulder pain, as per progress report dated 09/25/14. The request is for ESCITALOPRAM 10 OR 20 mg. Patient's diagnosis dated 09/25/14 included major depressive disorder, pain disorder, and panic disorder. MTUS Guidelines are silent on Escitalopram specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, the patient does have a diagnosis of major depressive disorder (MDD), and may be eligible for treatment using serotonin reuptake inhibitors such as Escitalopram. Although the treater does not specify the dosage, the usual starting dose is 10mg. Reports do not show that the patient has tried this medication in the past. For on-going use of the medication, efficacy must be provided. The request is medically necessary.