MAXIMUS Federal Services

| Case Number: | CM14-0184706 | | |
|---|---|---|---|
| Date Assigned: | 11/12/2014 | Date of Injury: | 03/06/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

## 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 Emergency Medicine 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 55 year-old female, who sustained an injury on March 3, 2012. The mechanism of injury occurred from repetitive motions. Pertinent diagnostics were not noted. Treatments have included: C5-6 spinal fusion and revision for pseudoarthrosis, physical therapy, medications, cortisone injections, psych treatment. The current diagnoses are: chronic pain, cervicalgia, s/p C5-6 spinal fusion and revision for pseudoarthrosis, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, depression, tenosynovitis to the elbows, neuropathic pain. The stated purpose of the request for Lexapro was not noted. The request for Lexapro was denied on October 27, 2014, citing a lack of documentation of current utilization of Lexapro, nor its intended use. Per the report dated October 20, 2014, the treating physician noted complaints of neck and arm pain. Exam findings included positive bilateral Tinel signs, tenderness to bilateral lateral epicondyles, restricted and painful cervical range of motion, lumbar spasm and tenderness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro:** 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 Antidepressants Page(s): 13-15.

**Decision rationale:** The requested Lexapro is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has neck and arm pain. The treating physician has documented positive bilateral Tinel signs, tenderness to bilateral lateral epicondyles, restricted and painful cervical range of motion, lumbar spasm and tenderness. The treating physician has not documented failed trials of tricyclic, antidepressants, duration of treatment, intended use of this medications, nor functional improvement from its use. The criteria noted above not having been met, Lexapro is not medically necessary.