

Case Number:	CM14-0028710		
Date Assigned:	06/16/2014	Date of Injury:	05/01/2012
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 41-year-old gentleman with a date of injury of 05/01/2012. A psychological evaluation by [REDACTED] dated 09/25/2013 and a psychiatric evaluation by [REDACTED] dated 12/04/2013 identified the mechanism of injury as a fall while helping to push a police car, which resulted in a right shoulder injury. The office visit notes by [REDACTED] dated 06/18/2013, 08/06/2013, 09/10/2013, 10/15/2013, 01/14/2014, and 02/13/2014; the psychological report by [REDACTED] dated 09/26/2013; and the psychiatric evaluation by [REDACTED] dated 12/04/2013 document that the worker was experiencing right shoulder pain and symptoms of depression. Documented examinations revealed decreased motion in the joint, decreased strength in the right shoulder muscles, and right shoulder tenderness. Treatment included right shoulder surgery performed on 05/15/2013 by [REDACTED], physical therapy, a home exercise program, and medications. The medications used for chronic pain management included an opioid, an anti-inflammatory, and a selective serotonin reuptake inhibitor (SSRI), Escitalopram (Lexapro). The submitted documentation concluded the symptoms of depression were associated with the worker's chronic pain. The office visit notes by [REDACTED] dated 01/14/2014 and 02/13/2014 indicate the pain was decreased and function improved with the use of Escitalopram. A Utilization Review decision by [REDACTED] was rendered on 02/18/2014 recommending modified certification for Escitalopram (Lexapro) 10mg to a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 10MG, QUANTITY UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Specific Antidepressants; and Selective Serotonin Reuptake Inhibitors Page(s): 13-14, 16, 107.

Decision rationale: Escitalopram (Lexapro) is an antidepressant medication in the class of selective serotonin reuptake inhibitors (SSRIs). The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The notes, the psychological report, and the psychiatric evaluation concluded the worker was experiencing depressive symptoms due to chronic pain. The submitted and reviewed documentation indicated the pain, depressive symptoms, and function all significantly improved with the use of Escitalopram. With continued multi-modality treatment for the chronic pain, this medication may ultimately no longer be needed by the worker. The submitted documentation supports the continued use of Escitalopram, but not for an indefinite amount of time. In the absence of such evidence, the request for Escitalopram (Lexapro) 10mg for an undetermined quantity is not medically necessary.