

Case Number:	CM14-0032262		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2010
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Minnesota. 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 63 year old male who reported an injury on 10/04/2010 due to being kicked at work by a disabled student. The injured worker complained of pain and weakness of the right knee. On 02/05/2014 the physical examination revealed that the right knee has tenderness about the medial, lateral, and patellofemoral joint. The extension of the knee was 0 degrees and the flexion was 90 degrees. There were no diagnostic studies provided for review. The injured worker had a diagnoses of pain of the right knee following a total knee replacement with possible loosening of the implant, right foot pain as a consequence of the right knee recovery, and a right inguinal hernia as a consequence of the right knee recovery. The past treatment included physical therapy. The injured worker was on the following medications Ambien, Anaprox, Protonix, and Ultram at least since 10/28/2013. The current request is for Lexapro #1. The rationale for the request is that the injured worker was showing signs of clinical depression related to his chronic pain and inability to perform his activities of daily living and work. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Lexapro #1 is non-certified. The injured worker has a history of pain and weakness to the right knee. The CA MTUS guidelines state that selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is lack of documentation of the dosage and frequency of the proposed medication. Therefore the request for Lexapro #1 is not medically necessary and appropriate.