

<b>Case Number:</b>	CM14-0074319		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/20/1996
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a male with a date of injury of August 20, 1996. He has had chronic knee and neck pain which has been radiating down his arms since then. In addition, he states he has had multiple falls and multiple musculoskeletal complaints and self-pays for acupuncture treatments. He has been permanent and stationary since 1997. He was weaned off Clonazepam and has been self-paying for Escitalopram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Escitalopram 20mg (Lexapro) for depression due to neck and right knee pain as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed; www.RxList.com; ODG (Official Disability Guidelines) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Escitalopram (Lexapro®).

**Decision rationale:** Escitalopram (Lexapro) is recommended as a first-line treatment option for major depressive disorder, as a selective serotonin reuptake inhibitor (an antidepressant medication used to treat depression and anxiety). However, in this injured worker, there are no records addressing any mental health issues. There is no mental status exam. There is no documentation of depression signs or symptoms. There are possibly severe side effects with this medication if prescribed unnecessarily; therefore, this medication is not considered medically necessary.