

<b>Case Number:</b>	CM14-0084041		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 63-year-old female who reported an injury on 09/11/2002. The mechanism of injury was not provided. On 04/03/2014, the injured worker presented with low right back and SI joint area pain radiating to the hip, buttock, and down the leg. She also reported ongoing low back pain and tail bone pain. Current medications included Klonopin, topical cream, and Lexapro. Upon examination of the lumbar spine, there was tenderness to the facet joint and crepitus present with decreased range of motion due to pain. There was a positive Patrick's test and tenderness to the right sacroiliac joint. There was also tenderness to palpation at the joint line and tenderness at the greater trochanter. There was decreased range of motion and crepitus. The diagnoses were lumbago, radiculitis, depression, disorder of the coccyx, joint effusion, anxiety, and myofascial pain syndrome. The provider recommended Lexapro; the provider's rationale was not provided. The Request for Authorization form was not included within the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg 1 PO Daily 30 days with 2 refill total 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 14, 16, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs  
Page(s): 107-108..

**Decision rationale:** The request for Lexapro 10 mg 1 by mouth daily 30 days with 2 refills total of 30 is non-certified. the California MTUS Guidelines state that SSRIs (or select serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. SSRIs are a class of antidepressants that inhibit serotonin reuptake without action of noradrenaline, and are controversial based on controlled trials. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend the treatment of SSRI for chronic pain, Lexapro would not be warranted. As such, the request is non-certified.