

Case Number:	CM14-0084078		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2002
Decision Date:	09/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in Ohio. 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 60 year-old female whose date of injury is reported as September 11, 2012. Apparently the mechanism of injury was a slip down the stairs. She has the diagnoses of low back pain, sacroiliac dysfunction, depression and anxiety. She primarily complains of low back pain and insomnia. Her pain is 8/10 with medications. Her exam reveals tenderness over the lumbosacral spine and sacroiliac joints with diminished range of motion of the back. She's been treated with narcotic and non-narcotic pain medication, Lexapro for depression and anxiety, and Klonopin also for anxiety. A note from her psychiatrist states that she meets the diagnostic criteria for pain disorder associated with both psychological factors and a general medical condition associated with her injury. A recent utilization review concluded that Lexapro was not the antidepressant of choice to treat chronic pain and therefore recommended a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Page(s): 13-107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Section, Anxiety Medications Chronic Pain Topic.

Decision rationale: It is recommended that diagnosing and controlling anxiety is an important part of chronic pain treatment, including treatment with anxiety medications. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. Anxiety is commonly found in patients with chronic pain. There is some evidence to suggest that anxiety disorders precede the onset of pain. Many antidepressants, in particular the selective serotonin reuptake inhibitors are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side effect profile than monoamine oxidase inhibitors or tricyclic antidepressants. Of the subtypes of anxiety, Lexapro is indicated for generalized anxiety disorder and is also indicated for depression. As the Lexapro is not primarily being used for chronic pain per se in this case, its use for anxiety and depression associated with chronic pain is medically necessary.