

<b>Case Number:</b>	CM14-0091236		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and gastritis reportedly associated with an industrial injury of September 30, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; antidepressant medications; opioid therapy; multiple spine surgeries; and proton pump inhibitors. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for Nexium, a proton pump inhibitor. The applicant's attorney subsequently appealed. In a progress note dated May 5, 2014, the applicant was described as carrying a variety of diagnoses, including Gastroesophageal reflux disease. The applicant stated that he could not tolerate any anti-inflammatories owing to severe gastritis. The applicant was also described as having issues with sleep disorder and opioid dependence. The applicant was asked to continue Norco and Percocet. Lexapro and Nexium were also endorsed. It was not explicitly stated for what purpose Lexapro was being employed here. On August 12, 2013, the applicant was given refills of Norco, Percocet, Topamax, Lexapro, Nexium, and Lidoderm patches. In a hospital admission history and physical dated January 19, 2010, it was suggested that the applicant had ongoing issues with depression. Lexapro was being employed at that point, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Lexapro may be helpful to alleviate symptoms of depression, ACOEM qualifies the recommendation by noting in Chapter 3, page 47 that attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has seemingly refilled Lexapro from visit to visit, with no mention of whether or not Lexapro has been effective. The applicant was given refills of Lexapro on August 12, 2013 and May 5, 2014, with no mention of whether or not the applicant's issues of depression had been ameliorated through ongoing usage of the same. Therefore, the request is not medically necessary.