

Case Number:	CM14-0181274		
Date Assigned:	11/06/2014	Date of Injury:	07/02/2008
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/01/2014

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:

Patient is a 57 year-old male with date of injury 07/02/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as decreased mood, bouts of crying, frustration, irritability, and social isolation. Objective findings: Patient denied having anxiety, mood swings, nervousness, or suicidal thoughts and ideation. Diagnosis: 1. Post lumbar laminectomy syndrome 2. Disc disorder, lumbar 3. Lumbar radiculopathy. Original reviewer modified medication request to Lexapro 10mg, #15. The medical records supplied for review document that the patient was first prescribed the following medication on 10/08/2014: Medications: 1. Lexapro 10mg, #30 SIG: PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) tablets of Lexapro 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. Although the patient may be a candidate for SSRIs, is not currently carries a diagnosis of depression. Thirty (30) tablets of Lexapro 10mg is not medically necessary.