

Case Number:	CM14-0194646		
Date Assigned:	12/02/2014	Date of Injury:	07/18/2012
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation 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:

This patient sustained an injury on 7/18/12. Request under consideration include Lexapro 10mg #90 x 2 refills and Norco 10/325mg #90 x 3 refills. Diagnoses include lumbar facet joint pain/ lumbosacral spondylosis without myelopathy; chronic pain syndrome; degenerative of intervertebral disc; depression disorder; psychophysiological disorder; and anxiety. Conservative care has included medications, therapy, bilateral facet injections at L4-5 and L5-S1 on 9/24/13, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain; doing her HEP; feel depressed/ anxiety/ nightmares with medications helping with function and household chores. Medications list Motrin, Skelaxin, Prednisone, Lexapro, and Norco. Exam showed unchanged limited lumbar range; paraspinal spasm and tenderness over facet joints. Medical treatment included continuing with medications. The request for Lexapro 10mg #90 x 2 refills and Norco 10/325mg #90 x 3 refills were denied on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: Lexapro (Escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI). Lexapro (Escitalopram) is indicated for the acute and maintenance treatment of major depressive and generalized anxiety disorders. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Lexapro (a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. No high quality evidence is reported to support the use of Lexapro for chronic pain and more studies are needed to determine its efficacy. Submitted reports do not document or describe continued indication or specific functional improvement from Lexapro treatment. There is also no mention of previous failed trial of TCA or other first-line medications without specific improvement in clinical findings from treatment rendered. The Lexapro 10mg #90 x 2 refills are not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 74-96.

Decision rationale: This patient sustained an injury on 7/18/12. Request(s) under consideration include Lexapro 10mg #90 x 2 refills and Norco 10/325mg #90 x 3 refills. Diagnoses include lumbar facet joint pain/ lumbosacral spondylosis without myelopathy; chronic pain syndrome; degenerative of intervertebral disc; depression disorder; psychophysiological disorder; and anxiety. Conservative care has included medications, therapy, bilateral facet injections at L4-5 and L5-S1 on 9/24/13, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain; doing her HEP; feel depressed/ anxiety/ nightmares with medications helping with function and household chores. Medications list Motrin, Skelaxin, Prednisone, Lexapro, and Norco. Exam showed unchanged limited lumbar range; paraspinal spasm and tenderness over facet joints. Medical treatment included continuing with medications. The request(s) for Lexapro 10mg #90 x 2 refills and Norco 10/325mg #90 x 3 refills were non-certified on 10/24/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and

compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 x 3 refills are not medically necessary and appropriate.