MAXIMUS Federal Services

Case Number:	CM14-0203460		
Date Assigned:	12/16/2014	Date of Injury:	04/01/2011
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice 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 injured worker is a 43 year old female with a date of injury of April 1, 2011. Results of the injury include ongoing neck and bilateral shoulder pain. Diagnosis include neck pain, chronic left shoulder pain, S/P left arthroscopic surgery, chronic right shoulder pain, and bilateral carpal tunnel release. Treatments have included Norco, trazodone, and Lexapro. Magnetic Resonance imaging scan of the left shoulder dated February 2013 showed bursitis, s/p acromioplasty and tiny intrasubstance partial tear of the rotator cuff. Magnetic Resonance Imaging scan of the right shoulder dated August 16, 2012 showed small interstitial tear of the supraspinatus tendon, labral surface fraying, and tendinosis of the biceps and subscapularis, S/P surgical repair. Progress report dated September 17, 2014 showed tenderness of the cervical paraspinal muscles extending into the bilateral trapezius. Tinel's to the bilateral wrist. Work status was noted as working. Treatment plan included a carpal tunnel release, Lexapro, trazodone, and Norco. Utilization review form dated November 26, 2014 noncertified Lexapro 10mg once a day #30 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Pain, Escitalopram

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: According to guidelines antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. According to the medical records the patient is on Trazadone and Lexapro. There is no documentation as to why this is needed and if TCA have failed and thus is not medically necessary.