

Case Number:	CM14-0205657		
Date Assigned:	12/17/2014	Date of Injury:	08/20/2011
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 mid back and low back pain reportedly associated with an industrial injury of August 20, 2011. In a Utilization Review Report dated December 12, 2014, the claims administrator approved a request for Norco, approved a request for gabapentin, and denied a request for Lexapro. The claims administrator referenced an RFA form received on November 21, 2014 in its determination and various other progress notes interspersed throughout 2013 and 2014. The claims administrator apparently based its denial of Lexapro, in large part, on a previously unfavorable utilization review determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of 8/10 low back pain radiating into the right leg. The applicant had medication side effects which included reflux, abdominal pain, and dizziness. The applicant had also been experiencing depressive symptoms and stated that she would become upset very easily. The applicant was using Norco, Protonix, tramadol, Lexapro, senna, and Neurontin. The applicant was placed off of work, on total temporary disability. The attending provider did note that the applicant's quality of sleep was poor. The applicant was apprehensive, and was getting upset very easily. In an earlier progress note dated October 13, 2014, the applicant was again described as off of work. The applicant was using omeprazole, Neurontin, Norco, tramadol, and Flexeril. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant appeared fearful on evaluation, it was incidentally noted. In a December 12, 2014 appeal letter, the attending provider stated that the applicant was not working and further noted that her pain was impacting her ability to perform activities of daily living including yard work, ironing, cleaning, mopping, and running errands. The applicant did not appear to be in acute distress and was communicating appropriately. The applicant did exhibit an antalgic gait. The attending provider stated that Lexapro was being

employed for depression and anxiety purposes as opposed to for chronic pain purposes. The attending provider did not state, however, whether ongoing usage of Lexapro was or was not effective. On October 20, 2014, the applicant again reported ongoing issues with depression, poor sleep, insomnia, and apprehension. The applicant did deny suicidal ideation, however. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg QTY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The attending provider indicated in his progress note an appeal letters that Lexapro was being employed for depressive symptoms. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Lexapro often take "weeks" to exert their maximal effect. In this case, however, the applicant has seemingly been using Lexapro for a minimum of several months. The applicant is consistently described as fearful, apprehensive, tearful, depressed, etc. The applicant is off of work, on total temporary disability. The attending provider has failed to outline any significant augmentations in mood achieved as a result of ongoing Lexapro usage. Several progress notes, referenced above, did not contain any explicit discussion as to whether ongoing usage of Lexapro was or was not effective. Therefore, the request is not medically necessary.