

Case Number:	CM14-0206318		
Date Assigned:	12/18/2014	Date of Injury:	01/31/2001
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of January 31, 2001. A utilization review determination dated December 2, 2014 recommends modified certification of Lexapro. A progress report dated September 22, 2014 states that work comp has been denying Flexeril, Abilify, Norco, and fentanyl. The note states that the patient has been using Abilify for the last 2 years and reports that it has helped keep her emotions in check and suffer less from her depression. Current medications include Lexapro for depression, Abilify, and others. Past medical history includes depression. Physical examination identifies normal memory recent and remote, awake and oriented X3 with coherent and clear speech, no histrionics, and no somatization or symptom magnification. Diagnoses include chronic pain syndrome and others. The treatment plan recommends continuing Lexapro for depression. A progress note dated July 24, 2014 indicates that the patient was taking Lexapro at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Lexapro 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-18, 78-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 107.

Decision rationale: Regarding the request for Lexapro (escitalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Lexapro treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Lexapro is not medically necessary.