

<b>Case Number:</b>	CM14-0211454		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Ohio. 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 48 year old female who injured her low back on 9-14-2007 while lifting heavy objects at work. She subsequently developed signs and symptoms of anxiety and depression as a consequence of her injury. She has been treated with a variety of psychiatric medications since her injury. She took Prozac for one month in 2001 for post-partum depression but stopped. She was taking Celexa, Wellbutrin, risperidone, Ambien and Xanax in 2007 and that combination was said to be effective. The reasons for her discontinuation were not clear. She continues to have high scores on indices for depression, anxiety, and suicidality. The agreed psychiatric medical examiner suggested the use of Cymbalta in combination with psychotherapy on 8-20-2014 but the Cymbalta was evidently not initiated. She was said to be suffering from a depressive disorder with damaged self-esteem, paranoid ideation, concentration and cognitive deficits, and was a moderate suicide risk. The examination has shown her affect to be blunted and tearful with poor concentration. On 12-17-2014 a request was made to begin Lexapro 10 mg a day. That request was non-certified as current symptoms, medications, and physical examination findings were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Anxiety medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Lexapro

**Decision rationale:** Lexapro is a selective serotonin reuptake inhibitor that is indicated as a first line medication for major depressive disorder. The injured worker's history and psychiatric examinations have been entirely consistent with depression. Therefore, Lexapro 10 mg #30 is medically necessary.