

Case Number:	CM15-0005456		
Date Assigned:	01/16/2015	Date of Injury:	01/24/1992
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female who reported an injury on 01/24/1992. The mechanism of injury was due to repetitive motion. Her diagnoses include median nerve injury and ulnar nerve injury. Her past treatments included surgery, physical therapy, and medications. On 12/29/2014, the injured worker complained of shoulder, neck, elbow, wrist, and finger pain. The injured worker rated her pain on a scale of 7/10. The injured worker also indicated that she had no side effects from her medications and that the medications helped control her pain, as she was able to perform functional activities of daily living. The physical examination indicated the injured worker's 4 A's were last reviewed on 11/26/2014, revealing analgesia with Norco, activities of daily living indicated she was able to perform some chores and drive. Adverse effects were not noted, and aberrant behaviors were not documented. Documentation indicated the injured worker's last CURES report was on 09/23/2014. The injured worker was receiving opioids from the treating physician, and was also noted to be taking amphetamine salts as prescribed. The injured worker's last urine drug screen was ordered on 06/01/2014, and was positively appropriate. Her relevant medications included Lexapro 20 mg, Lexapro 10 mg, Abilify 5 mg, Norco 10/325 mg, and Celebrex 200 mg. The treatment plan included Lexapro 20 mg and 10 mg to begin weaning and tapering. The Request for Authorization Form was submitted on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Lexapro 20mg #60 is not medically necessary. According to the California MTUS Guidelines, selective serotonin reuptake inhibitors are not recommended as treatment for chronic pain. However, the guidelines indicate it for treating secondary depression. Furthermore, SSRIs have not been shown to be effective for low back pain. The injured worker was indicated to have been started on a weaning procedure for Lexapro. However, there was a lack of documentation indicating the patient had secondary depression requiring the treatment of SSRIs. In addition, the guidelines do not recommend the use of SSRIs for the treatment of low back pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Lexapro 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Lexapro 10mg #30 is not medically necessary. According to the California MTUS Guidelines, selective serotonin reuptake inhibitors are not recommended as treatment for chronic pain. However, the guidelines indicate it for treating secondary depression. Furthermore, SSRIs have not been shown to be effective for low back pain. The injured worker was indicated to have been started on a weaning procedure for Lexapro. However, there was a lack of documentation indicating the patient had secondary depression requiring the treatment of SSRIs. In addition, the guidelines do not recommend the use of SSRIs for the treatment of low back pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.