

Case Number:	CM15-0005836		
Date Assigned:	01/26/2015	Date of Injury:	02/25/2000
Decision Date:	03/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 59 year old male, who sustained a work/ industrial injury on 2/25/00. He has reported symptoms of chronic cervical spine pain, upper extremity symptoms, headaches, and depression secondary to pain. The pain radiated down into his arms from the neck with numbness in the forearms especially at night. Accompanying this was depression, stress, and anxiety. Objective findings included hypertonicity, spasm, tenderness, tight muscle band, and trigger points of bilateral paravertebral muscles. There was also tenderness of the spinous processes on C4-C7 and T1-T6, positive crossover test of the left shoulder, tenderness of subdeltoid bursa, and medial epicondyle of the left elbow, tenderness to palpation over dorsal and volar crease of the left wrist, decreased grip measurement of the left hand, full bilateral upper and lower extremities motor exams with exception of reduced left shoulder and left grip, intact sensory exam from C2-S2 bilaterally with exception of reduced left ulnar, normal bilateral upper and lower extremities reflexes with exception of reduced bilateral ankle reflexes, and decreased left shoulder flexion and abduction, and left elbow flexion. Diagnosis was adhesive capsulitis, frozen shoulder, left impingement. Trial of Lexapro was initiated. On 1/5/15, Utilization Review modified Lexapro 5 mg #30 with 6 refills to Lexapro 5 mg #30, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for ChronicPain Page(s): Pages 13-15.

Decision rationale: The requested Lexapro 5mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker has chronic cervical spine pain, upper extremity symptoms, headaches, and depression secondary to pain. The pain radiated down into his arms from the neck with numbness in the forearms especially at night. Accompanying this was depression, stress, and anxiety. The treating physician has documented hypertonicity, spasm, tenderness, tight muscle band, and trigger points of bilateral paravertebral muscles. There was also tenderness of the spinous processes on C4-C7 and T1-T6, positive crossover test of the left shoulder, tenderness of subdeltoid bursa, and medial epicondyle of the left elbow, tenderness to palpation over dorsal and volar crease of the left wrist, decreased grip measurement of the left hand, full bilateral upper and lower extremities motor exams with exception of reduced left shoulder and left grip, intact sensory exam from C2-S2 bilaterally with exception of reduced left ulnar, normal bilateral upper and lower extremities reflexes with exception of reduced bilateral ankle reflexes, and decreased left shoulder flexion and abduction, and left elbow flexion. The treating physician has not documented failed trials of tricyclic antidepressants, nor the medical necessity of a quantity of refills in excess of a trial amount to assess functional improvement. The criteria noted above not having been met, Lexapro 5mg #30 is not medically necessary.