

Case Number:	CM15-0101501		
Date Assigned:	06/03/2015	Date of Injury:	06/28/2011
Decision Date:	07/02/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 6/28/2011. Diagnoses include cervicalgia, degeneration of lumbar disc and lumbosacral neuritis. Treatment to date has included medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported an acute flare up of his neck and low back pain. He has exhausted his supply of medication and states that without medications activities of daily living have become difficult. Physical examination revealed tenderness in the cervical and lumbar musculature with mild to moderate muscle spasms appreciated. Range of motion of the lumbar spine is decreased in flexion and extension with pain at the end ranges. Straight leg raise elicits tenderness in the low back at 50 degrees. The cervical spine has moderate tenderness with spasms. The knee remains tender in both the medial and lateral compartments with crepitus on movement. The plan of care included physical therapy and medications and authorization was requested for Lexapro 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg, one per mouth at bedtime QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI
Page(s): 16.

Decision rationale: The California MTUS section on antidepressants states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. Lexapro which is a SSRI, is not a first line treatment option for pain. The patient does not have a primary mental health diagnosis. Therefore, the request is not medically necessary.