

Case Number:	CM15-0109840		
Date Assigned:	06/16/2015	Date of Injury:	11/30/2007
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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 53 year old female patient who sustained an industrial injury on 11/30/2007. A primary treating office visit dated 11/04/2014 reported the patient with subjective complaint of having bilateral upper extremity and left hip pain. She reports being out of medications and requiring refills. Objective findings showed the patient with abnormal gait and diagnosed with epicondylitis lateral elbow; carpal tunnel syndrome status post-surgery; DeQuervain's tenosynovitis; myofascial pain; left hip avascular necrosis, sleep issue, history of elevated liver enzymes, and poor coping ulnar, rule out CRPS. The plan of care involved pending surgical consultation; left hip arthroplasty; continue using Norco, Ambien, and Venlafaxine ER. A hospital admission note dated 01/13/2015 reported the patient being treated ruling out precollapse osteonecrosis of bilateral hips. Radiography study reviewed showing the impression of bilateral femoral head osteonecrosis without subchondral collapse or abnormal marrow edema. A primary treating office visit dated 03/12/2015 reported subjective complaint of continues with ongoing bilateral hip pain, left ankle and bilateral wrist pain secondary to carpal tunnel syndrome. The plan of care involved refilling the following medications: Venlafaxine ER, Norco 10/325mg, Ambien, LidoPro and transcutaneous unit patches. She is to undergo a magnetic resonance imaging study of bilateral hips on 03/14/2014 and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 13-14, 16.

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

Decision rationale: The California MTUS chapter on antidepressant and SSRI 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. The requested medication is not a first line antidepressant choice for neuropathic pain and is not recommended per the California MTUS. Therefore the request is not medically necessary.