

<b>Case Number:</b>	CM15-0135403		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/20/1995
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, California  
 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, who sustained an industrial injury on 5/20/95. She reported injury to her lower back, anxiety and depression. The injured worker was diagnosed as having depression, lumbar degenerative disc disease and regional myofascial pain. Treatment to date has included a stellate ganglion block with greater than 50% relief and physical therapy. Current medications include Ambien, Lexapro, Lidoderm since at least 12/18/14, MS Contin, Neurontin, Percocet, Pravachol and Wellbutrin. As of the PR2 dated 6/12/15, the injured worker reports chronic pain in her lower back. Objective findings include normal mood and affect and an antalgic gait favoring the left. The treating physician requested Lexapro 20mg #30 x 5 refills, Wellbutrin XL 300mg #30 x 5 refills and Lidoderm 5% patches #30 x 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Lexapro 20mg with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg16.

**Decision rationale:** Lexapro is an anti-depressant use for depression but not as standalone treatment. There was no mention for behavioral therapy, response to medication, length of use/need or depression questionnaire to support clinical necessity. In addition, the claimant was on Wellbutrin and there was no diagnosis of major depressive disorder. The continued use of Lexapro is not substantiated and not medically necessary.

**30 tablets of Wellbutrin XL extended release 300mg with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Worker's Compensation, Online Edition 2015 Chapter Mental Health & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 21.

**Decision rationale:** According to the guidelines, Wellbutrin is recommended as 1st line for major depressive disorder. In this case, the claimant was depressed but there was no mention of a Major Depressive Disorder. The claimant had also been on an SSRI. Counseling, Behavioral therapy or depression battery questionnaire and medication response was not noted. Continued use was not justified and not medically necessary.

**30 Lidoderm 5% (700mg/patch) adhesive patches with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.