

Case Number:	CM15-0141894		
Date Assigned:	07/31/2015	Date of Injury:	11/09/2012
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 35 year old male, who sustained an industrial injury on 11-9-12. The injured worker has complaints of lower back; left knee; left ankle and left foot pain. The documentation noted that there is tenderness to palpation of the L4-S1 (sacroiliac) spinous processes and lumbar paravertebral muscles. There is tenderness to palpation of the lateral knee, medial joint line and medial knee. Left ankle there is minor swelling distal left leg-ankle, no redness or discoloration. The ankle and foot are deformed due to the fractures and surgeries. There is tenderness to palpation the anterior ankle, anterior talofibular ligament, lateral ankle, lateral heel and plantar heel. The documentation noted that medications are helping with the injured workers anxiety and panic attacks. The diagnoses have included lumbar dysfunction; left knee chondromalacia; anxiety and major depressive disorder. Treatment to date has included physical therapy; Lexapro and vistaril. The request was for retrospective request for lexapro (escitalopram) 20mg #60 dispensed on 05-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lexapro (escitalopram) 20mg #60 dispensed on 05/11/15: 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): Mental Illness & Stress: Escitalopram (Lexapro) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness, Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations. The [REDACTED] strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with anxiety and major depressive disorder and has been noted to have improvement with the continued use. There is mention of subjective improvement but not objective functional improvement. Thus the request for retrospective request for Lexapro (escitalopram) 20mg #60 dispensed on 05/11/15 is not medically necessary.