

<b>Case Number:</b>	CM15-0149678		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 female who sustained an industrial injury on April 27, 2015 resulting in injuries to her left foot and ankle with subsequent symptoms of emotional distress. Diagnosis is Adjustment Disorder with Mixed Anxiety and Depressed Mood. Documented treatment has included Lexapro 5 mg daily, and Xanax 0.25 mg as needed for anxiety. The injured worker continues to report depressive and anxiety-related symptoms. The treating physician's plan of care includes adjusting her Xanax dosage, psychotherapy, and an increase of her Lexapro dose from 5mg to 10 mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter under Escitalopram (Lexapro) Mental Illness and Stress chapter under Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The 46 year old patient complains of pain in ankle, toe and right fourth toe, as per progress report dated 06/10/15. The request is for LEXAPRO 10mg #30. There is no RFA for this case, and the patient's date of injury is 04/27/15. The patient is status post left ankle laceration and status post right fourth toe fracture, as per progress report dated 06/10/15. The patient also has diabetes, high blood pressure, and high cholesterol. Medications included Norco, Metformin and Lisinopril. The patient has also been diagnosed with adjustment disorder with mixed anxiety and depressed mood, as per psychiatry report dated 07/14/15. The patient is not working, as per the same progress report. MTUS Guidelines are silent on Escitalopram specifically. ODG Guidelines Mental Illness and Stress chapter under Escitalopram (Lexapro) states: Recommended as a first-line treatment option for MDD and PTSD. ODG Guidelines Mental Illness and Stress chapter under Antidepressants for treatment of MDD (major depressive disorder) state: Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In this case, a prescription for Lexapro is noted in progress report dated 07/14/15. The treater states that medication is being prescribed for the patient's depression. It is not clear when this medication was initiated. In the same progress report, the treater states the patient received Lexapro from her primary care physician and it has been slightly helpful but not strong enough. The treater, thereby, recommends increasing "Lexapro to 10 mg." The patient is experiencing depressed mood. However, there is no diagnosis of major depressive disorder or PTSD for which Lexapro is indicated by ODG. Hence, the request IS NOT medically necessary.