

<b>Case Number:</b>	CM15-0160925		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Pain Management

### 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 57 year old female who sustained an industrial injury on 10-07-13. Initial complaints and diagnoses are not available. Treatments to date include medications, hand therapy, bilateral hand splints, and L2-4 branch rhizotomy as well as nonindustrial left knee replacement. Diagnostic studies include MRIs of the lumbar spine and left knee. Current complaints include low back, bilateral thumb, and left knee pain. Current diagnoses include lumbosacral spondylosis, lumbar lumbosacral disc degeneration, lumbar sprain and strain, pain in the join hand and lower leg. In a progress note dated 06-25-15 the treating provider reports the plan of care as medications including naproxen, escitalopram, and tramadol-APAP. The requested treatment includes escitalopram. A note dated March 5, 2015 states that Lexapro is improving the patient's symptoms somewhat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopram 5mg #60 for DOS 6/25/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107 of 127.

**Decision rationale:** Regarding the request for Lexapro (escitalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, the patient has noted improvement in symptoms with Lexapro. There is no recent documentation of a Mini mental status examination, or any other objective measure of depression improvement such as Beck Depression inventory. A one-month prescription of this medicine should allow the requesting physician time to document those items. As such, the currently requested Lexapro is not medically necessary.