

Case Number:	CM15-0161150		
Date Assigned:	08/28/2015	Date of Injury:	03/18/2011
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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 54 year old female who sustained an industrial injury on 3-18-11. The injured worker was diagnosed as having bilateral wrist carpal tunnel syndrome status post carpal tunnel release and left shoulder impingement syndrome with rotator cuff tendinitis. Currently, the injured worker reported pain in the left shoulder and bilateral wrists. Previous treatments included status post left hand carpal tunnel release (5-28-15). Previous diagnostic studies were not included. Work status was noted as off work. The injured workers pain level was not noted. Physical examination was notable for tenderness to the left rotator cuff, decreased left shoulder range of motion and pain with range of motion of the wrists. The plan of care was for a retrospective for Lexapro 20 milligrams quantity of 30 with a date of service of 7-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lexapro 20 mg #30 with a dos of 7/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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 patient presents with left shoulder and bilateral wrists. The request is for RETRO LEXAPRO 20 MG #30 WITH A DOS OF 7/14/2015. The request for authorization is not provided. The patient is status post left carpal tunnel release, 05/28/15. Physical examination of the left shoulder reveals tenderness present about the rotator cuff. Neer sign and Hawkin's test are positive. Range of motion is decreased. Exam of wrists reveal well-healed surgical scars with no erythema or drainage bilaterally. Compartments are soft. Mild pain with motion, bilaterally. Patient's medications include Ativan, Lexapro, Norco, and Soma. Per progress report dated 07/14/15, the patient is temporary total disability. 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) states: "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Treater does not specifically discuss this medication. Prescription history for Lexapro is not provided to determine when this medication was initiated. In this case, treater does not discuss nor document medication efficacy. Furthermore, there is no diagnosis of major depressive disorder or PTSD for which Lexapro is indicated by ODG. Therefore, the request IS NOT medically necessary.