

Case Number:	CM15-0166380		
Date Assigned:	09/04/2015	Date of Injury:	11/13/2009
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Emergency Medicine

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 51 year old female, who sustained an industrial injury on 11-13-2009. The mechanism of injury was cumulative/repetitive strain. The injured worker was diagnosed as having right arm complex regional pain syndrome and extremity pain. Psychological examination on June 12, 2015 showed major depressive disorder in the high moderate range. There is no record of a recent diagnostic study. Treatment to date has included functional restoration program, physical therapy, home exercise program and medication management. In a progress note dated 7-15-2015, the injured worker complains of increased nausea with Cymbalta. The injured worker noted nausea when the Cymbalta was increased and the physician ordered to taper Cymbalta and initiate Lexapro. Physical examination was not provided. The treating physician is requesting Lexapro 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10 milligrams #30: Overturned

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/Stress: Escitalopram (Lexapro®).

Decision rationale: This request is for an antidepressant for depression symptoms and not pain symptoms. Patient is being weaned off Cymbalta due to side effects and being switched to Lexapro on a trial basis. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. MTUS deals with antidepressants for neuropathic pain and not specifically for depression. As per Official Disability Guidelines, SSRI medications like Lexapro is medically recommended as 1st line. Treatment appears appropriate. There is weaning from Cymbalta and appropriate trial with Lexapro due to side effects. Trial with Lexapro #30 is medically necessary.