

Case Number:	CM15-0193909		
Date Assigned:	10/07/2015	Date of Injury:	02/11/2014
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
 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 61 year old female, who sustained an industrial injury on 2-11-14. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, cervical pain, and shoulder pain. Treatment to date has included physical therapy, a home exercise program, chiropractic treatment, and medication including Ibuprofen, Lexapro, and Norco. The treating physician noted, "the patient's medical history is significant for high blood pressure, asthma, and depression. The patient has ongoing psychology consultation, in intervals of weekly for previous depression and suicidal thoughts. Her mood has improved from previous." The injured worker had been taking Lexapro since at least July 2015. On 9-15-15, the injured worker complained of low back pain with numbness and tingling in bilateral hands, weakness in bilateral legs, and poor sleep quality. The treating physician requested authorization for Lexapro 10mg #30 and a refill of Lexapro 10mg #30 both for the date of service 9-15-15. On 9-30-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 (per 09/15/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Mental stress and Illness chapter, Escitalopram (Lexapro®).

Decision rationale: The patient presents with pain affecting the cervical spine, right shoulder, and low back with radiation down the bilateral legs. The current request is for Lexapro 10mg #30 (per 09/15/2015 order). The treating physician report dated 9/15/15 (42B) states, "We will continue the patient on Lexapro 10 mg PO Qday and titrate up in the future for her depressed mood related to her chronic pain state and delayed orthopedic recovery." The MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The ODG guidelines provide further discussion and state, "Recommended as a first-line treatment option for MDD and PTSD." The guidelines also go on to state that it is not recommended for mild symptoms. In this case, the treating physician does not indicate that the patient is suffering from major depression or from posttraumatic stress disorder. The treating physician has not diagnosed the patient with conditions outlined in ODG for the use of Lexapro. The current request is not medically necessary.

Refill of Lexapro 10mg #30 (per 09/15/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Mental stress and Illness chapter, Escitalopram (Lexapro®).

Decision rationale: The patient presents with pain affecting the cervical spine, right shoulder, and low back with radiation down the bilateral legs. The current request is for refill of Lexapro 10mg #30 (per 09/15/2015 order). The treating physician report dated 9/15/15 (42B) states, "We will continue the patient on Lexapro 10 mg PO Qday and titrate up in the future for her depressed mood related to her chronic pain state and delayed orthopedic recovery." The MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The ODG guidelines provide further discussion and state, "Recommended as a first-line treatment option for MDD and PTSD." The guidelines also go on to state that it is not recommended for mild symptoms. In this case, the treating physician does not indicate that the patient is suffering from major depression or from posttraumatic stress disorder. The treating physician has not diagnosed the patient with conditions outlined in ODG for the use of Lexapro. Furthermore, a refill without documentation of functional improvement is not supported. The current request is not medically necessary.