

Case Number:	CM15-0197327		
Date Assigned:	10/12/2015	Date of Injury:	01/14/1984
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old male who sustained an industrial injury on January 14, 1984. Recent primary follow up dated September 18, 2015 reported subjective complaint of "chronic low back and bilateral lower extremity pains." "Medications remain helpful and provide functional gains in substantially assisting with ADL's, mobility, and restorative sleep, contributing to his quality of life." Medication regimen is noted unchanged. A primary treating office visit dated March 26, 2015 reported subjective complaint of "ongoing significant pain in the low back and down bilateral lower extremities." He complains of "worsening depression due to chronic pain." Previous treatment to include: activity modification, medications, spinal cord stimulator trial, and three back surgeries. He reports that medications reduce his pain level by 50%. He also has complaint of difficulty sleeping secondary to the chronic pain. The following diagnoses were applied to this visit: disorder of trunk thoracic or lumbosacral neuritis or radiculitis, unspecified; brachial neuritis or radiculitis; lumbar post laminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. The plan of care is with recommendation for bilateral neural foraminal epidural injections, continue medications. The following noted with refills: Escitalopram, Hydrocodone, Lyrica, Ambien, and Celebrex. On September 09, 2015 a request was made for Escitalopram 20mg #30 that was noncertified by Utilization review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline, page 108, SSRI's such as Zoloft are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. The request is not medically necessary.