MAXIMUS Federal Services

Case Number:	CM15-0197790		
Date Assigned:	11/03/2015	Date of Injury:	04/18/2001
Decision Date:	12/15/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 female of indeterminate age who sustained an industrial injury 04/18/2001. Diagnoses include lumbar degenerative disc disease with intractable low back pain, failed back surgery syndrome, bilateral lower extremity radiculopathy, insomnia, depression, anxiety, and chronic deep vein thrombosis (DVT). On 08/11/15 Lexapro was certified with the proviso that functional improvement and medical necessity must be shown for the next review otherwise weaning should occur. On 08/27/2015 she complained of chronic intractable low back pain, lower extremity pain, and chronic deep vein thrombosis. She reported insomnia due to pain and anxiety. She is constipated due to her medications. She states that she is "in pain all the time. I keep falling down because my knee hurts." She was tearful, crying, with a depressed affect, a wide antalgic gait, and restlessness. She has inability to concentrate and inability to sleep without Benadryl. Prior treatment includes back surgery and medications including MS Contin ER, Norco, Lexapro, Miralax, Pantoprazole, and Benadryl. The treating provider reports that the urine drug screen was consistent with current therapy. UR of 09/11/2015 non-certified the request for Lexapro 10mg #60 with 6 refills and Miralax 17gm with 6 refills. Consultation with a psychiatrist was certified. A progress note from [redacted] of 09/24/15 shows that her ADL's are limited. She reported pain levels ranging from 3-7/10, sometimes higher. She uses blood thinners for her chronic DVT and required laxatives to prevent straining which would lead to bleeding. She completed a Beck Depression Inventory on which she scored 46 (severe). The provider noted that she needs a psychiatric consult with a medication evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #60 with six refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Lexapro is an SSRI antidepressant, which is a first line agent in the treatment of depressive and anxiety disorders. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. She suffers from multiple symptoms of depression, anxiety, and insomnia but has no clear-cut diagnoses. A psychiatric evaluation was certified but no records were provided to demonstrate that this has occurred. She clearly needs to be psychiatrically evaluated to determine the best course of action. She has been on Lexapro since at least the beginning of 2015 and finds it helpful. Other than the BDI of 46 on 09/24/15, there are no other metrics to quantify functional improvement, or at least lack of deterioration, in symptomatology. It would be helpful to have these scores on a regular basis. But, it is imprudent to remove an established antidepressant abruptly in a patient with active symptomatology, increasing the risk to destabilize her further. The Lexapro is considered medically necessary.

Miralax 17g with six refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Constipation is a well-known side effect of opioids. The patient is on MS Contin and Norco for chronic low back and extremity pain. She also suffers from chronic DVT with pharmacotherapy to prevent clotting. Constipation can cause her to strain which may lead to bleeding and place her at further risk. A laxative is appropriate and medically necessary.