

Case Number:	CM15-0197793		
Date Assigned:	10/13/2015	Date of Injury:	04/21/2012
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
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

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 43 -year-old male who sustained an industrial injury on 4-21-2012. The treating physician of moderate depression relates diagnosis related to this request to findings. Other diagnoses for which he is being treated include basal skull fracture, compression fracture T5-6, left temporoparietal concussion with frontal subarachnoid hemorrhage, neck pain, low back and right leg pain, bilateral carpal tunnel syndrome per electro-diagnostic studies 9-25-2012; and, L4-S1 disc protrusion and possible right L4-5 nerve root irritation or compression evidenced by undated MRI. On 9-18-2015 the injured worker presented for treatment for his low back, leg and knee pain; and, headaches. During the visit, the physician conducted a PHQ-9 depression inventory, which resulted in a score of 17 indicating moderately severe depression. Previous notes stated he was complaining of anxiety and trouble sleeping. He has had previous psychotherapy treatment, and the note of 5-11-2015 found his PHQ-9 score at 15. The treating physician's plan of care includes starting the injured worker on Lexapro 10 mg #30 with one refill. This was denied on 9-24-2015. The injured worker has been out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter: Generalized Anxiety Disorder (GAD): SSRIs Official Disability Guidelines (ODG), Mental Illness and Stress Chapter: Escitalopram.

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

Decision rationale: Lexapro (escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI). Lexapro (escitalopram) is indicated for the acute and maintenance treatment of major depressive and generalized anxiety disorders. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Lexapro (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; however, more information is needed regarding the role of SSRIs and pain. No high quality evidence is reported to support the use of Lexapro for chronic pain and more studies are needed to determine its efficacy. Submitted reports do not document or describe continued indication or specific functional improvement from Lexapro treatment. There is also no mention of previous failed trial of TCA or other first- line medications without specific improvement in clinical findings from treatment rendered. The Lexapro 10mg #30 with 1 refill is not medically necessary and appropriate.