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| Case Number: | CM15-0208601 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 04/01/2011 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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 44 year old female, who sustained an industrial-work injury on 4-1-11. She reported initial complaints of neck pain. The injured worker was diagnosed as having neck pain, chronic left shoulder, chronic right shoulder pain. Treatment to date has included medication, surgery (bilateral carpal tunnel release, right ulnar nerve transposition, and shoulder arthroscopy), and diagnostics. MRI results were reported in 3-6-12 showed evidence of right sided C4-5 neuroforaminal stenosis but no nerve root compression. MRI (magnetic resonance imaging) on 2-2013 showed bursitis, status post acromioplasty, and tiny intrasubstance partial tear of the rotator cuff. MRI (magnetic resonance imaging) on 8-16-12 showed small interstitial tear of the supraspinatus tendon, labral surface fraying, tendinosis of the biceps and subscapularis. Currently, the injured worker complains of neck pain that extends to the upper extremities. Sleep is affected. Medication includes Tramadol, Trazodone, Norco, and Lexapro. Per the primary physician's progress report (PR-2) on 8-26-15, exam notes slight tenderness over the right lateral epicondyle, no antalgic gait, no acute distress. The Request for Authorization requested service to include Lexapro 10 mg Qty 30, daily. The Utilization Review on 10-9-15 denied the request for Lexapro 10 mg Qty 30, daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10 mg Qty 30, daily: Overturned

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, Mental Illness and Stress Chapter, Lexapro.

Decision rationale: The patient presents with pain affecting the depression and anxiety secondary to chronic pain affecting the upper extremities. The current request is for Lexapro 10 mg Qty 30, daily. The treating physician report dated 10/22/15 (5B) states, "Lexapro has been quite helpful with her depression, it has been under control." A report dated 11/13/14 (9B) states, "Again, since stopping Lexapro, she has noticed significant increase in anxiety and depression. She had been struggling with her depression. 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 patient presents with a history of anxiety and depression and functional improvement from the use of this medication is provided. Furthermore, according to a report dated 11/13/14, the patient stopped taking Lexapro and experienced a significant increase in her depression symptoms. The current request is medically necessary.