

<b>Case Number:</b>	CM15-0020800		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 75 year old male, who sustained an industrial injury on September 13, 2001. The diagnoses have included lumbar spine sprain/strain, status post lumbar fusion L4-L5 in March 2003, postlaminectomy syndrome, bilateral lower extremity radiculopathy, reactionary depression/anxiety, medication induced lethargy, and status post anterior lumbar fusion and posterior lumbar fusion revision from L1-L4 in January 2010. Treatment to date has included lumbar surgeries, TENS, trigger point injections, H-wave, home exercise program, and medications. Currently, the injured worker complains of lower back pain. The Treating Physician's report dated January 12, 2015, noted x-ray studies of the lumbar spine on November 20, 2014, showed solid arthrodesis from L1 to the sacrum, the implants from L1-L5 were intact, and facet and degenerative disc changes at T12-L1 and T11-Y12. Physical examination was noted to show tenderness to palpation bilaterally of the posterior lumbar musculature with increased muscle rigidity, numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles, and decreased lumbar range of motion (ROM) with obvious muscle guarding. Straight leg raise in the modified sitting position was positive, causing radicular symptoms to both lower extremities. On January 27, 2015, Utilization Review non-certified Lexapro 20mg, noting the physician stated he was discontinuing the medication, and as such, the request was not medically necessary. The Official Disability Guidelines (ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of Lexapro 20mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Lexapro, non Non-FDA approved.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Escitalopram; Antidepressants for Treatment of MDD.

**Decision rationale:** Based on the 01/12/15 progress report provided by treating physician, the patient presents with low back pain and reactionary depression and anxiety. The request is for LEXAPRO 20MG OUTPATIENT. The patient is status-post anterior lumbar interbody fusion and post-lumbar fusion revision surgery from L1 to L4 01/20/10. Patient's diagnosis per Request for Authorization form, dated 01/16/15 included lumbar postlaminectomy syndrome and chronic pain syndrome. Patient's medications include Lexapro, Norco, Percocet and Nexium. The patient is permanent and stationary. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS Guidelines on antidepressants page 13 and 15 states Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictory. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is Recommended as a first-line treatment option for MDD and PTSD. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. Treater has not provided reason for the request. MTUS allows for antidepressants for neuropathic and non-neuropathic pain. This patient suffers from depression and had a diagnosis of chronic left lumbar radiculitis on 12/22/14. Lexapro may be appropriate given the patient's radicular symptoms and depression. However, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.