

<b>Case Number:</b>	CM15-0023787		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female who sustained an industrial injury on 01/04/2013. Current diagnosis includes chronic regional pain syndrome. Previous treatments included medication management and occupational therapy. Report dated 01/13/2015 noted that the injured worker presented with complaints that included severe depression, panic attacks, and knees are tingling and shaky. Physical examination was positive for abnormal findings. Of note this report was hand written and very hard to read with many entries being illegible. The claimant had been on Butrans and Nucynta for pain along with Zoloft and Lexapro with unknown indication. Utilization review performed on 01/21/2015 non-certified a prescription for Lexapro and Zoloft, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13.

**Decision rationale:** According to the guidelines, anti-depressants are recommended as a 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 contraindicated. In this case, the claimant was placed on 2 SSRIs along with high dose opioids for chronic pain. The pain remained 8/10. The clinical notes do clearly substantiate the use of Lexapro and its clinical response. There is no mention of tricyclic failure. The Lexapro is not medically necessary.

**Zoloft 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13.

**Decision rationale:** According to the guidelines, anti-depressants are recommended as a 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 contraindicated. In this case, the claimant was placed on 2 SSRIs along with high dose opioids for chronic pain. The pain remained 8/10. The clinical notes do clearly substantiate the use of Zoloft and its clinical response. There is no mention of tricyclic failure. The Zoloft is not medically necessary.