

Case Number:	CM15-0210659		
Date Assigned:	10/29/2015	Date of Injury:	11/05/2011
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 38 year old female, who sustained an industrial injury on 11-5-11. Medical records indicate that the injured worker is undergoing treatment for a closed ankle fracture, shoulder joint degeneration, lumbar region sprain, lumbosacral spine neuritis, anxiety and depression. The injured worker underwent a laparoscopic sleeve gastrosomy and hiatal hernia repair on 9-1-15. The injured worker is currently temporarily totally disabled. On (9-25-15) the injured worker complained of worsening left shoulder, left ankle and left lower back pain. The injured worker also noted headaches. Objective findings revealed tenderness to palpation in the left ankle and lumbar spine. The pain was rated 9 out of 10 on the visual analog scale. Lumbar spine range of motion was painful. The lumbar pain was worse with sitting. The injured worker was noted to have a severe headache. The injured worker was also noted to have been seen in the hospital for chest pain. The injured workers overall activities of daily living were noted to be worse, including physical functioning, family and social relationships, mood, sleep pattern and overall functioning. A subsequent progress report dated 8-28-15 notes the injured workers pain level to be 10 out of 10. Treatment and evaluation to date has included medications, electrodiagnostic studies (9-25-15), toxicology screen (4-10-15), physical therapy, chiropractic treatments, acupuncture treatments and aquatic therapy. Current medications include Lexapro (since at least April of 2015), Vicodin (since at least April of 2015), Gabapentin and Invokana. The Request for Authorization dated 9-25-15 included requests for Lexapro 10mg # 60 and hydrocodone 7.5-300mg #120. The Utilization Review documentation dated 9-29-15 non-certified the request for Lexapro 10mg #60 and modified the request for Hydrocodone 7.5-

300mg #120 (one month supply for weaning purposes). An April 7, 2015 report notes that the injured worker is diagnosed with depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/300mg #120: Upheld

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, Opioids for chronic pain.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Hydrocodone 7.5/300mg #120 is not medically necessary and appropriate.

Lexapro 10mg #60: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter. Lexapro.

Decision rationale: According to ODG, Escitalopram (Lexapro) is recommended as a first-line treatment option for MDD and PTSD or anxiety disorder. In this case, a review of the medical records note a diagnosis of depression and anxiety per an April 7, 2015. Lexapro is considered an SSRI which is supported as first line in the treatment of anxiety and depression. The request for Lexapro 10mg #60 is medically necessary and appropriate.