

Case Number:	CM15-0210702		
Date Assigned:	10/29/2015	Date of Injury:	10/22/2012
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female who sustained an industrial injury on October 22, 2012. Medical records indicated that the injured worker was treated for headaches with positive Romberg on exam, cognitive deficits, and ongoing symptoms of benign positional vertigo (BPV). Her medical diagnoses include cervicgia, myalgia, bilateral benign paroxysmal vertigo, hypertension, anxiety, depression, memory loss, dizziness and giddiness, shoulder pain, temporomandibular joint (TMJ) disorder and tension type headaches. Previous treatments include TENS unit, medication and trigger point injections. In the provider notes dated from August 19, 2015 to October 8, 2015 the injured worker continued to complain of vertigo, dizziness, confusion, difficulty concentration, dazed, memory loss, loss of balance due to hearing loss in left ear, anxiety, depression, neck and left shoulder pain. She stated that her vertigo was better but she still had difficulty concentrating. She had occasional anxiety attacks. She complained of burning, aching, pressure and soreness in her shoulders and head. She rated her pain 6/10 on the pain scale and often had to lie down due to the pain. Her vertigo had diminished with trigger point injections and she had decreased pain with increased activity. She continued to experience worsening depression. On exam, the documentation noted limited range of motion of the cervical spine associated with pain on flexion and extension. There was tenderness and pain over bilateral cervical paraspinal muscles. There was slightly reduced hearing to finger rub on the left ear. No memory impairment noted, no mood disorders, and affect was calm. There was tenderness to palpation over the TMJ. The treatment plan was to continue medications and continue working modified duty. A Request for Authorization was submitted for Lexapro 10 mg #30 and Movantik 12.5 mg #30. The Utilization Review dated October 22, 2015 denied the request for Lexapro 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 Rx: 10/8/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Lexapro (Escitalopram) is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. The patient has a recognized industrial accident-related depression. As such, there is medical necessity in continuing use of an antidepressant. However, the medical records do not describe the effectiveness of using this medication. Lexapro was begun in August 2015 and by October 2015 the only notations on depression described worsening symptoms of depression and anxiety. Without documented effectiveness there is no indication to continue this medication at this dose. Medical necessity has not been established.