

<b>Case Number:</b>	CM15-0038824		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

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 72 year old female, who sustained an industrial injury on December 30, 2004. The injured worker had reported a neck, right shoulder and bilateral wrist injuries. The diagnoses have included brachial neuritis, cervicalgia, cervical degenerative disc disease, joint pain of the shoulder and depressive disorder. Treatment to date has included medications, rest, heat, physical therapy, psychological counseling, a home exercise program, right shoulder surgery and a left carpal tunnel release. Current documentation dated January 19, 2015 notes that the injured worker complained of ongoing neck pain. The pain was located in the neck, right arm, right shoulder, right elbow and bilateral hands. There was no change in pain control since the prior visit. The frequency of pain and spasticity is improving. The injured workers pain was noted to be improved with rest, heat and current medications. Physical examination of the cervical spine revealed a decreased range of motion. The injured worker's psychological symptoms have been managed with Lexapro. Current plan of care includes continuation of the medication Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro (Escitalopram Oxalate) 5 MG #30 with 1 Refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 402.

**Decision rationale:** MTUS guidelines support the prescription of antidepressant medications where there is an established diagnosis of Depression. This patient does have an established diagnosis of depression and chronic pain. A Feb 4th 2015 progress note indicates that the patient was having difficulty getting her medications and "left her Lexapro Rx in [REDACTED]." A Feb 18th 2015 progress note does state that the patient has been "crying, depressed, anxious, and frustrated for the past 30 days." This same note also mentions that she is upset that her Lexapro medication was denied by the insurance company. It would appear that this patient was for various reasons having difficulty taking her Lexapro medication during the month of February. The primary care physician does appear to feel that this medication is helping her patient without any adverse side effects. Whether or not the dose needs to be increased to obtain better control of her depression is up to the primary care physician to decide once the patient is back on a steady state of her usual dose. She has been on this medication since at least 7/2014 without adverse effects. This medication is medically necessary.