

<b>Case Number:</b>	CM15-0046631		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, 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 applicant is a represented 55-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 8, 2004. In a Utilization Review Report dated February 24, 2015, the claims administrator partially approved requests for Lexapro and Dilaudid. The claims administrator referenced report dated February 16, 2015 in its determination. The claims administrator stated that a partial approval of Lexapro was more appropriate than the lengthier course proposed by the attending provider. The applicant's attorney subsequently appealed. On August 8, 2011, the applicant reported persistent complaints of low back pain status post earlier lumbar spine surgery. The applicant was on OxyContin and Dilaudid at that point in time. The applicant was largely bedridden, the treating provider noted on that date. In a progress note dated October 30, 2013, the applicant was given refills of OxyContin, Dilaudid, Ambien, Valium, and Lexapro. It was stated that the applicant was using Lexapro for depression and Ambien for insomnia. The applicant was not working, it was suggested at this point. On January 7, 2015, the applicant was given refills of OxyContin, Valium, Ambien, and Dilaudid. The applicant was using Lexapro for mood. The applicant stated that he would be bedridden without his medications and unable to perform his laundry, wash his dishes, or shop for grocery. The applicant's sleep quality was poor. 8/10 pain with medications versus 10/10 pain without medications was appreciated. The applicant was visibly anxious, it was noted at that point in time. On August 18, 2014, the applicant was described as

using a cane to move about. 8-9/10 pain complaints were reported. Mood disturbance, depression, and anxiety were also evident.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lexapro 20mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Medically appropriate, or not indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes, weeks, for antidepressants to exert their maximal effect, in this case, however, the applicant has been using Lexapro for what appears to be a minimum of several years. The applicant has, however, seemingly failed to profit from the same. The applicant remains off of work. The applicant continues to report issues with anxiety, depression, insomnia, sleep disturbance, poor motivation, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lexapro. Therefore, the request was not medically necessary.

**Dilaudid 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Chronic) Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Dilaudid, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as of the date in question. The applicant continued to report pain complaints as high as 8-9/10, despite ongoing Dilaudid usage. The applicant's commentary that he would be bedridden and unable to perform grocery shopping or other household chores without his medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. The applicant continued to report pain scores as high as 8-9/10, despite ongoing Dilaudid usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

