

<b>Case Number:</b>	CM15-0050080		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 6/4/07. She reported initial complaints of right shoulder and right upper extremity pain. The injured worker was diagnosed as having right shoulder pain; right carpal tunnel syndrome; right ulnar nerve entrapment; chronic pain syndrome. Treatment to date has included status post right shoulder surgery (2008); acupuncture; physical therapy; status post right ulnar nerve neurolysis, submuscular transposition and right carpal tunnel release (4/29/2010); EMG/NCV upper extremities (4/4/12); cervical MRI and right wrist MRI (3/30/12); Functional Restoration Program completed 2/6/15. Currently, the PR-2 notes dated 3/2/15, the injured worker complains of right shoulder pain that radiates to the neck and right arm. The injured worker indicates the medication prescribed is of benefit but not adequately addressing her pain and would like to try different medication. The pain levels have increased since last visit and suffering poor quality of sleep due to pain levels. The provider has re-prescribed Terocin, Lexapro, and Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 107 of 127.

**Decision rationale:** Regarding the request for Lexapro (escitalopram) 10mg #30, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Lexapro treatment. In the absence of clarity regarding those issues, the currently requested Lexapro 10mg #30 is not medically necessary.

**Norco 5/325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen) 5/325mg #90, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) 5/325mg #90 is not medically necessary.