

<b>Case Number:</b>	CM15-0051912		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 8/4/14. He reported immediate onset of low back pain. The injured worker was diagnosed as having lumbosacral or thoracic neuritis or radiculitis, chronic pain syndrome and lumbar sprain/strain. Treatment to date has included physical therapy, Ibuprofen, Norco, activity restrictions and TENS unit. Currently, the injured worker complains of constant stabbing/pinching pain in lower back with radiation to both legs. He notes the pain interferes with sleep. It is noted he is on modified work duty. Physical exam noted tenderness to palpation of lumbar spine, tenderness to palpation of bilateral SI joints, decreased sensation to light touch L4 on right, limited range of motion secondary to pain and global weakness. A request for authorization was submitted for Escitalopram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopram 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107 and 108.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anxiety medications.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Escitalopram (Lexapro) 10 mg #30 is not medically necessary. Lexapro is approved for major depressive disorders. Lexapro is indicated for treatment of generalized anxiety disorder. For additional details, see the attached link. In this case, the injured worker's working diagnoses are lumbosacral or thoracic neuritis or radiculitis unspecified; lumbosacral/join/ligament sprain/strain; and chronic pain syndrome. There are no diagnoses in the medical record documentation indicating generalized anxiety disorder, depression or anxiety. A progress note dated January 6, 2015 subjectively states the injured worker has low back pain that radiates to the legs and sexual dysfunction with mood disorders. Objectively, there is tenderness to palpation over the SI joints. There is no discussion or clinical rationale indicating the injured worker suffers with depression. Similarly, any February 3, 2015 progress note, the complaints and objective findings reflect low back pain with tenderness. There is no discussion regarding depression and/or anxiety and/or generalized anxiety disorder. There is no clinical indication for Lexapro in the medical record documentation. Consequently, absent clinical documentation with depression or generalized anxiety disorder, Escitalopram (Lexapro) 10 mg #30 is not medically necessary.