

Case Number:	CM15-0080178		
Date Assigned:	05/27/2015	Date of Injury:	04/18/2001
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina

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 66-year-old female who sustained an industrial injury on 4/18/01 resulting in chronic intractable low back pain when she fell backward while trying to sit in a chair. This incident exacerbated prior low back and lower extremity pain. Initially she was treated with physical therapy, aqua therapy and epidural injections without improvement. An MRI (10/01) showed L5-S1 pseudo-spondylolisthesis with bilateral foraminal stenosis. In 2002, she had a posterior L5-S1 fusion followed by post-operative complications. She has been on multiple different medication combinations, had spinal cord stimulator from 2006-2013 and is currently minimally functioning. She complains of pain that comes and goes. She is independent with activities of daily living. She uses a cane for ambulation. She has pain with full extension of the lumbar spine. Medications are Lexapro, MS Contin, Norco, Lunesta, Flexeril, Miralax and photonics. Urine drug screen dated 3/10/15 was consistent with prescribed medications. Diagnoses include lumbar degenerative disc disease; bilateral lower extremity radiculopathy; chronic deep vein thrombosis; failed back surgery syndrome, lumbar; insomnia, secondary to chronic pain and depression; depression. In the progress note dated 4/15/15 the treating physician notes that Lexapro controls the injured workers depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, lexapro.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference states the requested medication is I a selective serotonin reuptake inhibitor with FDA approval as a primary treatment option for depression. The patient has a clinical diagnosis of depression and therefore the request is medically necessary.