

Case Number:	CM15-0083822		
Date Assigned:	05/06/2015	Date of Injury:	04/01/2011
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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 44 year old female, who sustained an industrial injury on 4/1/11. The documentation noted on 4/13/15 that the injured worker had been taking Lexapro, 10mg for one year to try to help with the depression, but his had not really helped. The documentation noted that the injured worker has had a lot of anger over her pain, associated with depressive symptoms. She complains of being woken up nightly, mostly by pain in her elbow and hands. The diagnoses have included mood disorder associated with a medical condition; anxiety disorder, not otherwise specified and depressive disorder, not otherwise specified. Treatment to date has included norco; tramadol; trazodone; bilateral carpal tunnel surgery in January of 2010; left shoulder surgery and left elbow surgery in 2012 and right shoulder surgery in 2013; left carpal tunnel surgery in December of 2014; chiropractic treatment; magnetic resonance imaging (MRI) of the cervical spine and right and left shoulder and physical therapy. The request was for lexapro 10mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 with 3 refills: Overturned

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

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 the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a selective serotonin reuptake inhibitor indicated as a primary treatment option for depression. The patient has the diagnosis of depression and therefore the request is medically necessary.