

<b>Case Number:</b>	CM14-0123277		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/06/1986
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with a reported date of injury of 11/6/1986. His main diagnoses are depression with anxiety and lumbar spinal stenosis. His symptoms include back pain and difficulty with range of motion. On examination, there is tenderness and limited back range of motion. He has used Norco in the past and has tried Zohydro and Opana but both of those caused intolerable side effects so that he decided to return to therapy with Norco. He is noted to not be on an anti-depressant and the physician wanted to start a low dose of an anti-depressant to help with that. No aberrant behavior has been noted in this patient's case. He is also noted to be on Valium and alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter; SSRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 392-393.

**Decision rationale:** Although SSRI like Lexapro are first line agents for the management of depression and the patient has a diagnosis of depression with anxiety features, in the provided clinical notes, there is no evaluation of either depression or anxiety. The patient is on two benzodiazepine medications concurrently and has been for at least three to four months. The lack of an assessment including history, physical examination and ongoing assessment is necessary to establish the diagnosis of depression and anxiety. The ongoing therapy with dual benzodiazepine therapy chronically is medically inappropriate and not recommended by any authority except when undertaken by a psychiatrist. Further, without an evaluation of the depression and depression or stress related complaints, no psychopharmacological substances are appropriate. Therefore, the request for Lexapro is not recommended.