

<b>Case Number:</b>	CM14-0090165		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/27/1978
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/27/78. A utilization review determination dated 5/29/14 recommends non-certification of Lidoderm and Escitalopram. Lexapro and Venlafaxing were modified to certify #15 each for weaning. It referenced a 5/16/14 medical report identifying pain in the neck and low back with stiffness, right wrist pain, as well as numbness and tingling in the bilateral upper extremities. Neck pain radiates to both shoulders and into the left upper extremity. Pain is 9/10 in the neck and 6/10 in the back. On exam, there is diffuse facet tenderness bilaterally. Restricted and painful lumbar spine extension noted. Treatment has included chiropractic, massage, medication, psychotherapy, and TENS (Transcutaneous Electrical Nerve Stimulation) unit with ultrasound therapies. ESI in 2009 provided good improvement and facet joint injections in 2011 provided moderate improvement, although radiofrequency lesioning provided no improvement. Recommendations included Lexapro, Venlafaxine, Escitalopram, and Lidoderm. A psychologist noted on 6/12/14 that the patient is highly functional when he receives regular chiropractic treatment, but he becomes less functional and sleeps all day when forced to rely on pain medication. He needs Lexapro for severe depression and anxiety. It also helps him sleep at night. He needs Effexor because it is an energizing anti-depressant and is very effective for him. Gabapentin is relied upon for mood stabilization, pain management, and anxiety reduction and is very effective. Skelaxin is an adequate muscle relaxer and is helpful. He also requires pain medication (Norco and fentanyl) to help him get through each day without suffering debilitating pain. The psychologist noted that the patient needs Lexapro increased to 20 mg once a day and notes that the patient is deeply depressed and at high risk of suicide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine 225mg, #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs- selective serotonin reuptake inhibitors Page(s): 13.

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

**Decision rationale:** Regarding the request for Venlafaxine, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the psychologist notes that the medication is effective for the patient, although specifics as noted above are not clearly identified and quantified. The patient is noted to be deeply depressed and at high risk for suicide. SNRIs such as this medication are also effective for neuropathic pain, as is the case for this patient; but again, ongoing use requires regular assessment for efficacy. Given all of the above, it appears that the current request for #30 is reasonable, although requests for ongoing use of the medication should be accompanied by clear and specific documentation of efficacy. In light of the above, the currently requested Venlafaxine 225mg #30 is medically necessary.

**Escitalopram Oxalate 10mg, #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16,107.

**Decision rationale:** Regarding the request for Escitalopram, CA MTUS cites that SSRIs (Serotonin-Norepinephrine Reuptake Inhibitors) are not recommended as a treatment for chronic pain; they may have a role in treating secondary depression. Within the documentation available for review, the psychologist suggests that the medication is effective for the patient, although specifics are not clearly identified and quantified. The patient is noted to be deeply depressed and at high risk for suicide. Given all of the above, it appears that the current request for #30 is reasonable, although requests for ongoing use of the medication should be accompanied by clear and specific documentation of efficacy. In light of the above, the currently requested Escitalopram Oxalate 10mg, #30 is medically necessary and appropriate.

**Lidoderm patch 5%, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** Regarding the request for Lidoderm, California MTUS cites that topical Lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (Serotonin-Norepinephrine Reuptake Inhibitors) anti-depressants or an AED (Antiepilepsy Drugs) such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of any localized peripheral neuropathic pain failing first-line therapy. In the absence of such documentation, the currently requested Lidoderm patch 5%, #30 is not medically necessary and appropriate.

**Lexapro 10mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

**Decision rationale:** Regarding the request for Lexapro, as the Escitalopram oxalate (generic form of Lexapro) has been determined to be medically necessary, the Lexapro is not medically necessary as it is a redundant request. Therefore, the request of Lexapro 10mg, #30 is not medically necessary and appropriate.