MAXIMUS Federal Services

Case Number:	CM14-0098042		
Date Assigned:	07/28/2014	Date of Injury:	08/16/2012
Decision Date:	10/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 request for Gym membership per month is not medically necessary. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by a medical professional. There is no documentation of failed home exercise or the injured worker's need for specific exercise equipment that would support the medical necessity for gym membership. The documentation lacked evidence of functional improvement with previous gym participation. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective authorization for Escitalopram 10 mg #90 for date of service 4/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13.

Decision rationale: The request for Retrospective authorization for Escitalopram 10 mg #90 for date of service 4/15/14 is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The injured worker was also prescribed Amitriptyline, which is a Tricyclic antidepressant. There is a lack of documentation indicating the injured worker failed treatment with Amitriptyline prior to starting Escitalopram. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation demonstrating the injured worker's need for continuation of the medication. Therefore, the request for Retrospective authorization for Escitalopram 10 mg #90 for date of service 4/15/14 is not medically necessary.