

<b>Case Number:</b>	CM14-0098227		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/10/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and is licensed to practice in Texas and 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 injured worker is a 54-year-old female who reported an injury on 02/10/2006. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with ongoing low back pain. Upon examination, there was tenderness to palpation to the thoracic and lumbar paraspinals. There was also lumbar paraspinal spasm noted. The range of motion of the thoracic and lumbar spines was decreased in all planes. There was decreased sensation to the right L5-S1 dermatomes. There was +4/5 motor examination for the right quadriceps, hamstrings, tibialis anterior, extensor hallucis longus (EHL), inversion, plantarflexion and eversion. There was tenderness to palpation over the lumbar facets and a positive facet challenge. There was a positive right-sided straight leg raise. The diagnoses were status post lumbar fusion times two, lumbar radiculopathy, cervical radiculopathy, cervical myofascial complaints, sprain/strain, chronic pain syndrome, and right sacroiliitis. Current medications included OxyContin, Gabapentin, Norco, Lidoderm patches. The provider recommended Escitalopram 20 mg, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TABLETS OF ESCITALOPRAM 20 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

**Decision rationale:** The request for 60 tablets of Escitalopram 20 mg is not medically necessary. The CA MTUS do not recommend selective serotonin reuptake inhibitors (SSRI) as treatment for chronic pain, but it may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that inhibits serotonin reuptake without action of noradrenaline. It is controversial based on control trials. As the guidelines do not recommend and SSRI, this medication would not be warranted. As such, the request is not medically necessary.