

<b>Case Number:</b>	CM14-0210079		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 56-year-old man with a date of injury of November 10, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are arthropathy, not otherwise specified of the lower leg, and lumbago. According to a progress note dated July 31, 2014, there is documentation the IW has been experiencing depression. In a subsequent visit dated August 14, 2014, the IW was taking Lexapro 10mg daily. The injured worker's other medications include Celebrex 100mg, Hydrocodone/APAP 2.5/325mg, Methoderm gel, and Ambien 5mg. The treating physician reports that with the current medication regimen, his pain symptoms are adequately managed. Quality of sleep is poor. There was no prior documentation of depression nor was there a causal relationship established in the progress note. A letter from the carrier dated August 8, 2014 states the psyche (mental health issues) are a non-industrial body part. The current request is for Lexapro 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Knee and Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Lexapro

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Lexapro 10 mg #30 is not medically necessary. Lexapro is used to treat depression and generalized anxiety disorder. For additional details see the attached link and the Official Disability Guidelines (antidepressants). In this case, a progress note dated July 31, 2014 contains documentation that the injured worker has been experiencing depressive symptoms. There was no prior documentation of depression nor was there a causal relationship established in the progress note. In a subsequent visit (August 2014), the injured worker was taking Lexapro 10 mg one daily in addition to his ongoing medicines Celebrex, hydrocodone, Menthoderm gel, and Ambien. A letter from the carrier dated August 8, 2014, states the psyche (mental health issues) are a nonindustrial body part. Lexapro is an antidepressant indicated for depression. As noted above, there was no causal relationship established between the injuries and depression. The treating physician started Lexapro at that time. Consequently, absent documentation of clinical depression that is directly related to the industrial injury, Lexapro 10 mg #30 is not medically necessary.