

Case Number:	CM14-0214041		
Date Assigned:	12/31/2014	Date of Injury:	02/07/2012
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient sustained an injury on 2/7/12 while employed by Nuts Spice, Inc. Request(s) under consideration include Escitalopram-Lexapro 5mg #30, Pantoprazole-Protonix 20mg #60, and Gabapentin 500mg #60. Diagnoses include Lumbosacral disc degenerative. Conservative care has included medications, therapy modalities, CBT, psychological treatment, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 9/26/14 from the provider noted constant low back and bilateral leg pain without changed clinical presentation ambulating without assistance. The request(s) for Escitalopram-Lexapro 5mg #30, Pantoprazole-Protonix 20mg #60, and Gabapentin 500mg #60 were non-certified on 12/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram-Lexapro 5mg, quantity 30: 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 Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: Lexapro (escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI). Lexapro (escitalopram) is indicated for the acute and maintenance treatment of major depressive and generalized anxiety disorders. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Lexapro (a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. No high quality evidence is reported to support the use of Lexapro for chronic pain and more studies are needed to determine its efficacy. Submitted reports do not document or describe continued indication or specific functional improvement from Lexapro treatment. There is also no mention of previous failed trial of TCA (tricyclic antidepressant) or other first-line medications without specific improvement in clinical findings from treatment rendered. The Escitalopram-Lexapro 5mg #30 is not medically necessary and appropriate.

Pantoprazole-Protonix 20mg, quantity 60: 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 NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Pantoprazole-Protonix 20mg #60 is not medically necessary and appropriate.

Gabapentin 500mg, quantity 60: 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 Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately

demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 500mg, #60 is not medically necessary and appropriate.