

Case Number:	CM15-0008098		
Date Assigned:	01/26/2015	Date of Injury:	11/10/2008
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male sustained an industrial injury on 11/10/08. He subsequently reports right knee pain. Diagnoses include sprain of the knee/ leg. The injured worker has undergone arthroscopic surgery. Prior treatments include physical therapy and medications. The UR decision dated 1/7/15 non-certified Lexapro 10MG #30. The Lexapro 10MG #30 was denied based on CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10 mg, thirty count: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The patient presents with right knee pain as well anxiety, fear avoidance, depression and sleep disorders per utilization review appeal letter dated 1/14/15 (683D). The

current request is for Lexapro 10 mg, thirty count. The treating physician states that Lexapro has been part of the patient's comprehensive pain management treatment plan. He has been returned to work full time without restrictions on 11/03/14. Moderate major depression has been a documented diagnosis for this patient since 7/14/14 according to progress notes from Pacific Pain Institute's Department of Medical Psychology and Behavioral Medicine. The ODG guidelines state that antidepressants are "recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms." "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, the treating physician has documented the patient's moderate major depression for several months and the patient is benefiting from the medication as he has been able to return to work. The current request is medically necessary and the recommendation is for authorization.