

<b>Case Number:</b>	CM15-0013122		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 62 year old male, who sustained an industrial injury on August 15, 2007. He has reported an injury in the cervical and lumbar spine during a motor vehicle accident. The diagnoses have included depression, cervicgia/neck pain and lumbar degenerative disc disease. Treatment to date has included medications, acupuncture therapy, chiropractic therapy, cervical epidural steroid injections and lumbar epidural injections. Currently, the injured worker complains of low back pain and was tender to palpation over the paraspinal muscles. The injured worker reported a neck flare-up over the previous two to three months and noted that the medication only relieved 40% of his pain. On January 21, 2015 Utilization Review modified a request for Escitalopram, noting that RCT studies demonstrating long-term use are not available. The Official Disability Guidelines was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of Escitalopram 10 mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopran 10mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** FILE NUMBER: [REDACTED] CLINICAL SUMMARY: The applicant is a represented 62-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome and major depressive disorder reportedly associated with an industrial injury of August 15, 2007. In a Utilization Review Report dated January 21, 2015, the claims administrator partially approved request for escitalopram (Lexapro) while approving request for tramadol and Neurontin. The claims administrator noted that the applicant had ongoing, multifocal pain complaints, including those associated with cervical radiculopathy, lumbar radiculopathy, and carpal tunnel syndrome. The claims administrator contended that the attending provider had failed to detail the extent of the applicant's mental health issues and went on to partially approve the request for escitalopram. The claims administrator referenced a January 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a January 3, 2015 RFA form, Neurontin, tramadol, omeprazole, and Lexapro were endorsed. In an associated handwritten progress note of the same date, January 3, 2015, the applicant reported ongoing complaints of low back pain. The note was extremely difficult to follow. The applicant was asked to continue current pain medications. There was no mention made of the applicant's mental health issues. In an earlier RFA form dated November 20, 2014, the applicant was given prescription for Ultracet, Zoloft, and Neurontin. On October 16, 2014, the applicant was given prescriptions for omeprazole, Neurontin, Flexeril, tramadol, and Zoloft. Once again, there was no mention or discussion of the applicant's mental health issues.

**REFERRAL QUESTIONS:** 1. No, the request for escitalopram (Lexapro), an SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Lexapro (escitalopram) may be helpful to alleviate symptoms of depression, in this case, however, the attending provider's documentation and progress notes on file were sparse, handwritten, difficult to follow, not entirely legible, and did not clearly outline the presence of mental health issues for which introduction, selection, and/or ongoing usage of Lexapro (escitalopram) would have been indicated. The January 3, 2015 progress note contained no references to active mental health issues or mental health symptoms. It is further noted that the attending provider previously provided the applicant with another SSRI antidepressant, Zoloft, on progress notes of October 16, 2014 and November 20, 2014. The attending provider did not furnish any rationale for replacement of sertraline (Zoloft) with escitalopram (Lexapro). Therefore, the request was not medically necessary.

**REFERENCES:** ACOEM Practice Guidelines, Chapter 15, page 402, Antidepressants section.