

Case Number:	CM15-0110193		
Date Assigned:	06/16/2015	Date of Injury:	08/31/1998
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 08/31/1998. The worker stated she passed out at work due to fumes from a renovation project. She injured her lower back and subsequently started having headaches in 1998. In 2001, she was in a MVA while in route to a physical therapy appointment. Her diagnoses include brachial neuritis or radiculitis not otherwise specified; thoracic or lumbosacral neuritis or radiculitis, unspecified, other unspecified back disorder. The injured worker is now status post-surgery to cervical spine x2 with residual mild left C5 and mild left C7 radiculopathy, and has mild bilateral carpal tunnel syndrome, mild bilateral ulnar nerve entrapment at both elbows, and lumbosacral radiculopathy. Treatment to date has included surgeries, treatment with a pain management specialist, and medications. Currently, the injured worker complains of constant neck pain and frequent pain and numbness in bilateral upper extremities/both hands. She also complains of constant moderate -to severe lower back pain with frequent pain and numbness of the bilateral lower extremities. Her medications (per a 01/22/2015 Request For Authorization) include Halcion, Xanax, Lexapro, Lidoderm, Neurontin, and Percocet, Norflex, and Naloxone emergency kit syringe. She uses a walker. On examination it is noted that she has guarding and tenderness of the cervical and lumbar spine, and she has general weakness. The treatment plan includes medications. A request for Lexapro 20mg (brand name) quantity 30 is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg (brand name) quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Lexapro Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1998 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 7-8/10. There was a slow gait and she was using a walker. Fibromyalgia tender points were positive. There was decreased and painful cervical and lumbar spine range of motion with trigger points and decreased lower extremity strength and sensation. Straight leg raising was positive. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Lexapro is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. The requested Lexapro dosing is within guideline recommendations. However, brand-name medication is being requested. Generic medications are required to have the same active ingredient(s), the same labeled strength, and must be shown to be bioequivalent to the brand-name drug. The request for brand-name Lexapro is not medically necessary.