

<b>Case Number:</b>	CM15-0110783		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 75-year-old male, who sustained an industrial injury on 10/10/2002. He has reported injury to the head. The diagnoses have included head trauma; concussion with traumatic brain injury; arthritis with psoriasis; psoriasis; and anxiety and depression. Treatment to date has included medications, diagnostics, and radiation therapy. Medications have included Lexapro. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker is being seen for the head, skin, and psychiatric evaluation; anxiety, depression, irritable, and mood swings; he is taking the prescribed medication and is improving and tolerating it well; and he is not working, retired. Objective findings included appears in mild distress; psoriasis is essentially unchanged; there are notable skin changes about the neck and upper chest wall from ongoing radiation therapy for his recent head and neck cancer. The treatment plan has included the request for one prescription of escitalopram oxalate (Lexapro) 20mg #30 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of escitalopram oxalate (Lexapro) 20mg #30 with 5 refills:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexapro, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>.

**Decision rationale:** According to ODG guidelines, Lexapro is recommended as a first-line treatment option for major depressive disorder. There is no evidence of significant functional improvement with the previous use of Lexapro. Therefore, the request for Lexapro 20 mg #30 with 5 refills is not medically necessary.