

Case Number:	CM15-0120008		
Date Assigned:	06/30/2015	Date of Injury:	06/27/2013
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

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:

The injured worker is a 52-year-old male who sustained an industrial injury on 6/27/2013 resulting in his reporting worry, anxiety, depressive symptoms and insomnia. The injured worker is diagnosed with prolonged post-traumatic stress disorder, mild anxiety, and mild depression. Treatment has included Lexapro, which resulted in the injured worker reporting relief of symptoms. The treating physician's plan of care includes psychological evaluation and continuation of Lexapro 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Lexapro 10 mg: 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), mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Escitalopram Mental Illness and Stress Chapter under Antidepressants for Treatment of MDD.

Decision rationale: Based on the QME report dated 03/30/15 provided by treating physician, the patient presents with depression and anxiety, and pain to cervical spine, left shoulder and arm, lumbar spine with occasional tingling to feet, and left knee pain. The request is for Unknown Lexapro 10 MG. RFA with the request not provided. Patient's diagnosis on 03/30/15 includes cervical spine pain syndrome with multilevel degenerative disc disease/ degenerative osteoarthritis, left shoulder tendinitis symptoms with mild impingement, lumbar spine pain syndrome with small disc bulge at the L4-L5 interspace, and left knee chondromalacia patella. Per 06/01/15 report, diagnosis included posttraumatic stress disorder and depressive disorder. Physical examination on 03/30/15 revealed slight proximal bicipital and anterior capsular tenderness to left shoulder, and slight diffuse lower lumbar paravertebral myofascial tenderness with slight spasm. Examination of the knee revealed bilateral motion 0-140 degrees with mild subpatellar crepitus. Treatment to date has included imaging studies, injections to the knee, physical therapy and medications. The patient "can return to regular work," per Physician's Return-to-Work & Voucher Report dated 03/30/15. Treatment reports were provided from 12/09/14 - 06/01/15. Lexapro (Escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS Guidelines on Antidepressants pages 13 and 15 state: "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictive. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, Mental Illness and Stress Chapter under Escitalopram states that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." ODG Guidelines, Mental Illness and Stress Chapter under Antidepressants for Treatment of MDD states: "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Treater has not provided reason for the request. RFA with the request was not provided. It is not known when Lexapro was initiated. Progress report with mention of Lexapro was handwritten and difficult to interpret. Lexapro was the current psychiatric medication included in progress report dated 06/01/15. MTUS allows for antidepressants for neuropathic and non-neuropathic pain. Per 06/01/15 report, treater states the patient "continues driving... taking Lexapro... helps with depression." Lexapro may be appropriate given the patient's diagnosis of cervical spine pain syndrome with multilevel degenerative disc disease and PTSD. The patient is working and treater has documented that medication helps. However, the request does not include quantity, frequency or duration of use. Current request for Unknown Lexapro 10mg quantity with unknown dosage is not supported by guidelines. Therefore, the request is not medically necessary.