

Case Number:	CM15-0120495		
Date Assigned:	07/01/2015	Date of Injury:	01/31/2002
Decision Date:	09/17/2015	UR Denial Date:	06/17/2015
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: New York
 Certification(s)/Specialty: Emergency 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 59 year old male who sustained an industrial injury on 01/31/2002 resulting in pain to the low back, neck and left arm. Treatment provided to date has included: L4-5 discectomy (2003) resulting in improved leg pain and continued low back pain; physical therapy; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2009) showing mild degenerative disc disease throughout and a right C4-5 paracentral disc herniation. There were no noted comorbidities or other dates of injury noted. On 06/09/2015, physician progress report noted complaints of continued neck pain. The pain was rated 5/10 in severity with medications and 10/10 without medications. Additional complaints included fair ability to sleep, anxiety and depression. Current medications include 30mg of Lexapro (one 20mg plus one 10mg tablet at bedtime), docusate sodium (250mg soft gel twice daily), Lyrica (75mg twice daily), and Norco (10/325mg twice daily). The injured worker reported that the medications allowed him to complete activities of daily living (cooking, cleaning, light household chores). The physical exam revealed restricted and painful range of motion (ROM) in the cervical spine, tenderness to the paracervical muscles, rhomboids and trapezius, restricted and painful ROM in the lumbar spine, and tenderness over the bilateral lumbar area. The provider noted diagnoses of degenerative disc disease of the lumbar spine, low back pain, and cervical disc disorder. Plan of care includes referral for pain psychology consultation for diminished mood and anxiety, continued home/individual exercise program, increase in Norco to 10/325mg twice to 3 times per day as needed for pain, continue conservative care and daily exercise, request for bloodwork for liver and kidney function to rule

out end organ damage, discussed smoking cessation, repeat urine drug screening on next visit, and return to clinic for follow-up in 12 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Lexapro 20mg #30 with 2 refills and bloodwork laboratory testing for liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Escitalopram (Lexapro) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress Chapter; Escitalopram (Lexapro) and Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: This medicine is a selective serotonin reuptake inhibitor (SSRI) that treats depression and generalized anxiety disorder (GAD). The MTUS does not recommend SSRIs as a treatment for chronic pain, but states that SSRIs may have a role in treating secondary depression. "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." MTUS does not specifically address Lexapro itself; therefore other guidelines were consulted. The ODG recommends Lexapro as a first-line treatment option for MDD and PTSD. In this case, the injured worker has a documented history of anxiety and depression and is reported to be stable on a current dose of 30mg at bedtime. Lexapro comes in doses of 5mg, 10mg and 20mg tablets; therefore, to obtain the 30mg dosage, a combination of 10mg and 20mg tablets is required. The 10mg Lexapro request was approved, and injured worker is not scheduled to return to the clinic for additional follow-up for 12 weeks. As such, the request for the Lexapro 20mg is considered medically necessary.

Bloodwork labs for liver and kidney function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS provides direction for some kinds of testing as monitoring of medication toxicity. While testing as per the FDA recommendations may be indicated. the requested tests are for liver and renal function. This vague request implies some number and

variety of tests to assess aspects of the liver and kidney. As stated, the request could include a large variety of tests, some of which may not be indicated. There is no subjective or objective findings that create suspicion for liver or kidney dysfunction. It is unclear from the documentation why the provider is requesting this test. As requested, the bloodwork is not medically necessary.