

Case Number:	CM15-0176162		
Date Assigned:	09/17/2015	Date of Injury:	06/22/2001
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 is a 59 year old male, who sustained an industrial injury on June 22, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having depressive disorder, pain disorder and back pain. Treatment to date has included diagnostic studies, spinal cord stimulator system, injection and medication. On June 30, 2015, the injured worker complained of low mood, insomnia, some auditory hallucinations, discouragement about the future, hopelessness and helplessness. A mental status examination revealed low enthusiasm and constricted affect. He was noted to be tearful throughout the exam. Wellbutrin was noted to help with his mood and anxiety. On July 7, 2015, the injured worker reported back pain radiating from the low back down both legs. He reported anxiety, poor concentration and sleep disturbance. Current medications included Flexeril, Lexapro, Senna tablet, Miralax, Colace, Percocet, Pantoprazole, Neurontin, Aspirin, Diovan Hct, Glipizide, Metformin Hcl, Metoprolol, Pravastatin Sodium and Pantoprazole Sodium Dr. The treatment plan included referral to a spine surgeon, urine drug screen, diagnostic studies, psychiatrist follow-up and medications. On August 27, 2015, utilization review denied a request for Lexapro 20mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20 mg take 1 tablet daily #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) and Other Medical Treatment Guidelines Wellbutrin prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001 and continues to be treated for chronic pain and secondary depression. He was seen for psychiatric follow-up on 06/30/15. He was continuing to take Wellbutrin 150 mg per day. He was not having any side effects and it was helping with mood and anxiety. In this case, the claimant is already being treated with Wellbutrin for depression which is effective. There is no need to prescribe a second antidepressant medication. If needed in the future, a higher dose of Wellbutrin can be prescribed. The request for Lexapro is not medically necessary.