

Case Number:	CM15-0027397		
Date Assigned:	02/19/2015	Date of Injury:	04/01/2011
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 44 year old female, who sustained an industrial injury on 4/1/11. She has reported neck and upper extremity injury. The diagnoses have included neck pain, chronic left shoulder pain, chronic right shoulder pain, bilateral carpal tunnel release and depression. Treatments to date have included carpal tunnel release with cyst removal and oral medications (Norco, Trazodone and Lexapro). Currently she complains of ongoing neck and bilateral upper extremity pain, significant depression, and anxiety. She continues to work full time. A progress note in 08/14 indicated that she had been on Lexapro for nine months with beneficial results. On 11/13/14 notes show that her anxiety and depression were increased due to stopping Lexapro as UR had denied it. On 12/12/14 physician progress notes reflected that she continued to work full time and there was concern that due to significant anxiety and depression she would not be able to work. On 02/05/15 she was still noted to be working, and reporting depression and anxiety due to chronic pain. On 1/29/15 Utilization Review non-certified Lexapro 10mg, noting it is advocated for psychiatric issues, but there are no psychiatric findings to support this medication. The MTUS, ACOEM Guidelines and ODG were cited. On 2/12/15, the injured worker submitted an application for IMR for review of Lexapro 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Chronic), Lexapro.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lexapro. Official Disability Guidelines, Mental Illness & Stress, Antidepressants-SSRI's versus tricyclics (class) Under study.

Decision rationale: Progress notes dating back to August 2014 show that the Injured Worker has been suffering from depression and anxiety, and had been obtaining relief from Lexapro for some 9 months. While she may not have seen a psychiatrist during the period of time leading up to the UR non-certification of 01/29/15, that is not a prerequisite for one to report legitimate symptoms of depression and anxiety. Although monitoring by a psychiatrist would be prudent, it is commonplace in the community for providers other than psychiatrists to prescribe antidepressants. Of significance in this case is that the Injured Worker is continuing to work full time, a state that would be important to maintain. Should she become unable to remain employed, there is always the potential for deterioration in one's psychological/psychiatric state. In addition, once a patient has been on an antidepressant and doing well, it is standard of practice and medically contraindicated to remove the patient from medications. As pain and depression are both related to serotonin, Lexapro may in fact be beneficial for the patient's pain as well. This request is therefore certified.