

<b>Case Number:</b>	CM15-0063079		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 11/17/2012. She reported burns to her face, chest, left shoulder, and arm. The injured worker is currently diagnosed as having anterior chest burn and major depression. Treatment to date has included pulsed dye laser therapy, counseling sessions, and medications. The claimant had a history of depression and was seen by a psychiatrist on 1/14/15. No medications were provided at the time. A progress note on 2/11/15 from the psychiatrist indicated the claimant had moderate depression and PTSD. The claimant was taking Escitalopram at the time and additional was dispensed from an in-house pharmacy. In a progress note dated 02/20/2015, the injured worker presented with complaints of itching status post steam burns to anterior chest. The treating physician reported requesting authorization for Escitalopram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopram 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental; and SSRI and pg 50.

**Decision rationale:** Escitalopram is an SSRI anti-depressant. According to the guidelines, it is recommended for PTSD and depression. The claimant had a thorough evaluation by a psychiatrist who had prescribed the medication. The medication is within the guideline recommendations. The Escitalopram is appropriate and medically necessary.