

<b>Case Number:</b>	CM15-0065032		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: North Carolina, Georgia  
 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 43 year old female who sustained an industrial injury on 4/1/2011. Her diagnoses, and/or impressions, include: neck pain with cervical, right-sided, foraminal stenosis; chronic left shoulder bursitis, partial rotator cuff tear, and pain status post left arthroscopic surgery (8/27/12) and acromioplasty; chronic right shoulder pain from small interstitial tear and tendinosis with surgical repair (2/15/14); bilateral carpal tunnel release (1/2010 & 2/2015); right ulnar nerve release and thumb surgery in 2012 (different industrial injury); bilateral de Quervain's disease; and depression with anxiety due to chronic pain. No current magnetic resonance imaging studies were noted. An Electro diagnostic study, of the bilateral hands, was noted to have been done on 6/20/2014. Her treatments have included urine toxicology testing; ganglion cyst removal (12/1/14); left carpal tunnel release (12/12/14); right carpal tunnel release (2/2015); requested psycho-social evaluation (set for 3/12/15); and medication management - with prescriptions of Norco from 2 different providers. The progress notes of 3/5/2015, noted complaints that included ongoing neck and bilateral upper extremity pain, significantly improved on medications. The physician's requests for treatments included continuation of Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10 mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

**Decision rationale:** The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SSRI medications, such as the Lexapro prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records from the claimant clearly include a diagnosis of depression and annotations documenting that her overall symptoms and function are improved with Lexapro and that there are no significant side effects. Lexapro is medically necessary. I am overturning the original UR decision.