

<b>Case Number:</b>	CM15-0066022		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury on 1/20/11. She subsequently reported shoulder pain. Diagnoses include reflex sympathetic dystrophy of upper limb. Treatments to date have included MRI, TENS treatment, physical therapy, surgery and prescription pain medications. The injured worker continues to experience pain and depression. A request for Lexapro medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg #720:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Escitalopram & Antidepressants for Treatment of MDD.

**Decision rationale:** The patient presents with depression and pain in the right forearm and fingers. The request is for LEXAPRO 10MG #720. The patient is post-spinal cord stimulator trial, per operative report 01/23/15 and status post carpal tunnel release 10/30/14. The provided RFA is dated 04/01/15 and the patient's date of injury is 01/20/11. Diagnoses include reflex sympathetic dystrophy of upper limb. Treatments to date have included MRI, TENS treatment, physical therapy, surgery and prescription pain medications. Current medications include Lexapro, Gabapentin, Nortriptyline, Norco, and Lidocaine. The patient is temporarily totally disabled. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS Guidelines on antidepressants page 13 and 15 states "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain, tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contradictive. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, the first prescription for Lexapro was noted in progress report dated 09/09/14. This patient suffers from depression and has a diagnosis of reflex sympathetic dystrophy. The patient may be eligible for treatment using serotonin reuptake inhibitors such as Lexapro. However, the treater does not discuss the efficacy of the medication. For on-going use of the medication, efficacy must be provided, as per MTUS page 60. There is also no explanation as to why such a high number of pills are being requested. The request IS NOT medically necessary.