

Case Number:	CM15-0073901		
Date Assigned:	04/23/2015	Date of Injury:	06/03/2006
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56-year-old female sustained an industrial injury to the right ankle, right leg and back on 2/3/05. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, pool therapy, chiropractic therapy, psychological care and medications. In a request for authorization dated 7/7/14, the injured worker complained of increasing pain to the right leg and increasing discoloration on the left leg and hand. The injured worker had been doing some jewelry making but had stopped due to pain. The injured worker had been authorized for Lexapro. The injured worker had not been able to find a pool therapy program near her home. Physical exam was remarkable for slightly shiny skin over the right leg, left upper extremity with slight swelling and hyperesthesia to light touch over the leg and distal elbow. The injured worker was alert and cooperative with a depressed affect. The physician noted that PHQ-9 score was 24/30, indicating severe depressive symptoms. The treatment plan included continuing Lexapro, Opana ER, Flector patch, Topamax, Nortriptyline and Celebrex). The physician noted that the injured worker continued with severe depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Lexapro 5mg (2 bottles), dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexapro, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>.

Decision rationale: According to ODG guidelines, Lexapro is recommended as a first-line treatment option for major depressive disorder. There is no documentation of significant improvement in the patient's psychological issues with previous use of Lexapro. There is no evidence that the patient failed or did not tolerate tricyclic antidepressants, which are considered the first line option for treating chronic pain. Therefore, the retrospective request for 120 Lexapro 5mg is not medically necessary.