

Case Number:	CM15-0077382		
Date Assigned:	04/24/2015	Date of Injury:	03/21/1991
Decision Date:	05/26/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 03/21/1991. According to a progress report dated 03/03/2015, the injured worker reported back pain that was rated 6 on a scale of 1-10. He had been exercising 20 minutes a day on the treadmill. He was sleeping better with medications. Diagnoses included other symptoms referable to back, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, intervertebral lumbar disc disorder with myelopathy lumbar region, headache, unspecified sleep disturbance, posttraumatic stress disorder, displacement of intervertebral disc site unspecified without myelopathy, degeneration of thoracic or thoracolumbar intervertebral disc. The treatment plan included a refill of Lexapro 10mg 2 tablets orally every bedtime, 30 days #60. Currently under review is the request for Lexapro. According to the documentation submitted for review, the injured worker was utilizing Lexapro dating back to 11/13/2012. He has a concurrent diagnosis of depression related to chronic pain in addition to PTSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #60 Refills: 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-18.

Decision rationale: MTUS Guidelines support the use of SSRI antidepressants when there is a concurrent diagnosis of depression and chronic pain. This individual meets these criteria. It is clearly documented that the Lexapro helps with quality of life with improved sleep and energy. Under these circumstances, the Lexapro 10mg #60 no refills are supported by Guidelines and are medically necessary.