

<b>Case Number:</b>	CM15-0077534		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 59-year-old female, who sustained an industrial injury on August 10, 1995. The injured worker was diagnosed as having lumbago, sciatica, lumbar/thoracic radiculitis, lumbar/lumbosacral disc degeneration, fibromyalgia/myofascial pain syndrome and cervical, thoracic or lumbar facet arthropathy, depression secondary to chronic pain. Comorbid conditions include diabetes and obesity. Treatment and diagnostic studies to date have included medication. A progress note date April 8, 2015 revealed the injured worker complained of back pain. She reported increased pain since morphine not approved and gone through withdrawal symptoms. Her depression symptoms have worsened. She rated her pain 4/10. Physical exam noted lumbar tenderness with decreased range of motion (ROM) and tender to palpation of lumbar facet joints. The plan included continued oral and transdermal medications and Morphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 20mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Use of NSAIDs and SSRIs; SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 69, 107.

**Decision rationale:** Lexapro (escitalopram) is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class, SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. The patient has a recognized industrial accident-related depression related to chronic pain. As such, continuing use of this medication is medically necessary in this patient.

**MSIR 15mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** MSIR (morphine sulfate) is an immediate release form of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing from use of other opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, abuse and death. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to ensure opioids are being used safely. The provider is following these recommendations; however, this patient is presently being prescribed a total dose of opioids (from MSIR and Duragesic use) of 285 mg of morphine equivalents daily. Despite the documented stability in dosing this is significantly above the maximum dosing recommended for safe use of opioids. Additionally, despite not taking the MSIR for over one month the patient's pain level has remained the same. Continued use of this medication is not medically necessary.