

<b>Case Number:</b>	CM15-0078892		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	11/26/2000
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 48-year-old male who sustained an industrial injury on 11/26/2000. Current diagnoses include lumbar discogenic pain, and depression secondary to pain. Previous treatments included medication management. Previous diagnostic studies include MRI. Report dated 04/16/2015 noted that the injured worker presented with complaints that included low back pain. It was reported that the injured worker does get some improvement of his mood and depression with Lexapro. Pain level was 8 out of 10 on the visual analog scale (VAS) with medication. Physical examination was positive for abnormal findings. The treatment plan included written prescriptions and follow up in one month. Disputed treatments include Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 10mg #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states "MDD (major depressive disorder) treatment, severe presentations- The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The records indicate that the injured worker is to be weaned off the Lexapro. The request for Lexapro 10mg #15 is medically necessary for tapering off purposes.