

<b>Case Number:</b>	CM15-0093504		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, New York, 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 applicant is a represented 29-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of October 17, 2012. In a Utilization Review report dated May 8, 2015, the claims administrator denied a request for Lexapro. A RFA form received on May 1, 2015 was referenced in the determination. The claims administrator's rationale was somewhat difficult to follow. It was suggested that the denial was based on development of intolerable side effects with Lexapro, the agent in question. In a RFA form dated May 1, 2015, Nucynta and Lexapro were endorsed. In an associated progress note dated April 23, 2015, the applicant reported ongoing complaints of foot pain reportedly imputed to complex regional pain syndrome (CRPS). The applicant stated that Effexor had proven ineffectual. The applicant was using Nucynta, Elavil, and Lexapro, it was stated. Nucynta and Lexapro were endorsed. There was no explicit mention of the applicant's having issues with depression on this date. Work restrictions were endorsed. It was not explicitly stated whether the applicant was or was not working with said limitations in place. On March 24, 2015, the applicant reported ongoing complaints of left ankle pain. It was seemingly suggested that the applicant was using Elavil and Effexor for issues with mood disturbance. It was suggested that the applicant was working. The applicant's medication list, on this date, included Nucynta, Elavil, and Effexor, it was suggested. The applicant was also asked to employ an H-Wave device. The applicant was asked to continue work restrictions, analgesic medications, and psychotropic medications. An earlier progress note dated February 19, 2015 again suggested

that the applicant was using Elavil and Effexor for mood disturbance purposes. Multiple progress notes of early 2015 contained no mention of the applicant's having previously failed Lexapro.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lexapro 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Yes, the request for Lexapro, a SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Lexapro may be helpful to alleviate symptoms of depression. Here, the attending provider seemingly framed the request as a first-time request for Lexapro, initiated on April 22, 2015 on the grounds that the applicant had developed issues with weight gain brought on by previously prescribed Effexor. Introduction of Lexapro was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.