

Case Number:	CM14-0141454		
Date Assigned:	09/10/2014	Date of Injury:	07/01/2012
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 7/1/2012. Mechanism of injury is claimed to be from repetitive work injury and on 12/8/11 had a splinted that imbedded in R middle finger leading to infection requiring surgical removal. Patient has a diagnosis of infected superficial foreign body to finger, shoulder tendinitis, wrist tendinitis, cervical sprain/strain, R shoulder strain, L shoulder supraspinatus tear and L elbow strain/strain. Patient also has a diagnosis of depression and anxiety. Medical reports reviewed. Last report available until 7/29/14. Patient complains of L shoulder pain and weakness. Patient also complains of cervical spine pain radiating down down R arm to elbow, worsened with head movement. Objective exam reveals limitation of L shoulder range of motion especially abduction and extension. Impingement, Hawkins and Yergason's test positive. Noted L deltoid weakness of 4/5. Noted diffuse paraspinal cervical and bilateral trapezius tenderness. Negative compression exam and neurologically intact. Progress notes specially states that Lexapro is for neuropathic pain and not for his depression/anxiety. Note claims that Terocin patch decreased pain by 30% and "reduces" oral medication use, improves function and less sedation. X-rays of cervical spine, thoracic spine, bilateral shoulders, L elbow, L wrist and R 3rd finger done on 6/26/14 was basically benign. Urine Drug Screen (1/24/14) was appropriate. EMG/NCV (11/7/12) revealed chronic R C8-T1 radiculopathy, moderate L ulnar motor neuropathy. Medication list include cyclobenzaprine, Naproxen, Lexapro, Omeprazole and Tramadol. Independent Medical Review is for Lexapro #60 with 5 refills and Terocin patch #60 with 5 refills. Prior UR on 8/20/14 recommended modification of Lexapro to #60 with no refills and non-certified Terocin patch. UR also non-certified Prilosec and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Lexapro 10mg, Quantity 60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Lexapro or escitalopram is a type of SSRI anti-depressant medication. Note states that Lexapro was specifically for patient's neuropathic pain and not for his depression/anxiety. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, except for tricyclic antidepressants, evidence does not support its use in back pain. There is also little evidence to support its use for radicular pain. SSRIs are a 3rd line medication. There is no documentation of prior attempts at other anti-depressants. The number of tablets and refills requested is not appropriate for appropriate monitoring of response and side effects. Since evidence does not support its use in cervical back/radicular pain, the request for Lexapro is not medically necessary.