

Case Number:	CM13-0040959		
Date Assigned:	12/20/2013	Date of Injury:	08/23/2010
Decision Date:	11/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 55-year-old male patient who sustained an industrial injury on 08/23/2010. Diagnoses include pain disorder associated with both psychological factors and a general medical condition and depressive disorder. A request for Celexa 40 mg #30 with refills 2 who was modified a utilization review on 10/10/13 with the reviewing physician allowing Celexa 40 mg #30 with 0 refills. It was noted the patient was being seen by psychiatry for anxiety and depression and responding well to Celexa. The dosage has been increased and a one-month supply with 2 refills have been ordered; however, it is noted the patient will be following up in 1 month. There was no clear medical necessity for multiple refills given the follow-up appointment in one month for refills could be prescribed at that time if found to be necessary. Progress note dated 09/27/13 from psychiatry notes that the patient was currently on Celexa 20 mg per day and reports feeling better and improved mood. Sleep is better and concentration is also improved. He has been more active and has not had feelings of worthlessness. Exam showed the patient was wearing abduction splint on the left forearm. Diagnoses were anxiety disorder and major depression. It was recommended the patient increase Celexa to 40 mg per day and continue with psychotherapy. The patient was to follow up in 1 month on 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 40mg #30 with refills X 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Selective Serotonin Reuptake Inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as Amitriptyline.

Decision rationale: Regarding antidepressants, the CA MTUS Guidelines do not specifically address SSRIs for the treatment of depression/anxiety. The ODG guidelines state "Under study. There is some disagreement about the choice of first-line therapy between selective serotonin reuptake inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as amitriptyline, but most studies point to superior outcomes from the SSRI's." In this case, the patient has long-standing significant depression and anxiety, and was treating with psychiatry. Records indicate the patient was prescribed Celexa 20 mg per day at the time of the 09/27/13 follow-up visit, reporting significant improvements with mood, sleep, concentration, and activity levels. At that time, the psychiatrist determined it would be appropriate to increase the patient's dose to 40 mg per day with recommend should with recommendations to continue psychotherapy and follow-up in one month. Although the one month certification would be appropriate to assess efficacy and potential side effects at the increased dose, 2 refills would not be appropriate. Given the patient was to follow up in 1 month, once the adjusted dose was established as being effective, refills can be provided at that time. Therefore, the request for Celexa 40 mg #30 with refills 2 is not medically necessary.