

<b>Case Number:</b>	CM13-0057970		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/05/2004
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 51 year old female injured on 5/5/04; the mechanism of injury was not provided for review. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. A clinical note dated 10/12/12 indicated that the patient was evaluated for chronic neck pain and shoulder injury. The clinical documentation indicated that the patient underwent neck injection on 9/24/12 which benefited the patient; however, she continued to have discomfort when bending her neck. The patient was started on Celexa 40mg to be taken daily on 10/12/12 with the note that the patient was somewhat anxious and depressed. A clinical note dated 11/13/13 indicated that the patient presenting for continued complaints of intermittent neck pain with very minimal changes from previous visits. The patient reported that Celexa was helping with her depression. The patient described mild neck pain radiating to the left trapezius and shoulder. Clinical documentation indicated depressed mood, headaches, irritability, and anxiety. Current medications included Prilosec OTC 20mg, Celebrex 200mg, Flector patches, Lorazepam 0.5mg three times a day, Lyrica 100mg three times a day, Celexa 40mg to be taken daily, and Hydrocodone/acetaminophen 10-325mg every six hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The documentation indicates that the patient was being prescribed Celexa for symptoms associated with depression and anxiety. There is documentation in a progress note on November 13, 2013 that the patient is responding well to Celexa, and a second statement that Celexa helps a lot for her depression. There is documentation of continued anxiety, depression, and poor motivation. It appears that continuation of Celexa is appropriate. As such, the request is medically necessary.