

Case Number:	CM14-0003990		
Date Assigned:	02/03/2014	Date of Injury:	05/11/2009
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 Family Practice 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:

The patient is a 62 year old female who sustained an injury on 05/11/09. No specific mechanism of injury was noted. The injury appeared to have occurred as a result of repetitive stress and strain. The patient had prior shoulder right shoulder arthroscopy procedures. Diagnoses included left carpal tunnel syndrome and fibromyalgia and depression and anxiety. As of 09/25/13 the patient was utilizing multiple medications including Ambien for sleep, benazepril 20mg daily, Celexa 20mg, Coreg 6.5mg, Zocor 10mg, and cyclobenzaprine as needed. This note increased the amount of Celexa to 20mg daily. Ambien was continued at this visit. Qualified medical exam supplemental report by [REDACTED] dated 11/17/13 reported the patient was seen in June of 2013. At that time the patient did not exhibit any evidence of depression. There were some findings on mental status exam consistent with mild anxiety and subdued mood. Psychiatric symptoms were considered minor and non-disabling. Citalopram 20mg quantity 90 was non-certified by utilization review on 12/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 90 Tablets of Citalopram 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to the request for Citalopram 20mg quantity 90 prescribed on 09/25/13, this reviewer would not have recommended this medication as medically necessary. The 09/25/13 evaluation did not identify any persistent ongoing symptoms of depression that would have reasonably required the use of this Selective Serotonin Reuptake Inhibitors (SSRIs) medication. The previous QME report from [REDACTED] noted that the depression symptoms were minimal. There was some mild anxiety on mental status exam. Overall there was insufficient evidence regarding persistent and significant depression symptoms for this patient which would have required this medication as a treatment. Therefore this reviewer would not have recommended this medication as medically necessary.