

Case Number:	CM14-0007963		
Date Assigned:	02/12/2014	Date of Injury:	01/28/2004
Decision Date:	07/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 63-year-old male with a 1/28/04 date of injury. He was working in home construction and slipped on plywood and landed on concrete stem wall, landing on his forearm and elbow. In a 1/28/14 progress note, the patient complained of right upper extremity pain. He states that he has been taking Pristiq and Clonidine regularly for the past month and it is helping. The patient's pain score is 7/10 without medications and 5-6/10 with medications. Objective findings were limited to measurement of vitals. Diagnostic impression: Complex regional pain syndroms, right shoulder adhesive capsulitis, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain-related depression Treatment to date: medication management, activity modification, surgery, acupuncture. A UR decision dated 12/26/13 denied the request for Celexa. A different anti-depressant, Pristiq, was medically necessary on 12/16/13 less than 30 days ago, and an additional anti-depressant does not seem medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CELEXA 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celexa).

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. The FDA states that Celexa is indicated for depression. According to the most recent progress note dated 1/28/14, the doctor documented that the patient is to continue Pristiq, with no mention of Celexa. The notes reviewed between 9/20/13 and 1/28/14 are confusing, the doctor discontinued and restarted both Pristiq and Celexa multiple times. It is unclear what the treatment plan regarding depression is for this patient. Therefore, the request for 1 prescription of Celexa 20mg #30 was not medically necessary.