

<b>Case Number:</b>	CM14-0105055		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/1995
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 New York and North Carolina. 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 patient was injured 4/10/1995 and has been diagnosed with depression. He was working as a machinist on the date of injury, removing a dye from the oven. He place a piece of metal in the machine to prevent it from closing. At that time the top portion of the dye, weighing approximately 100 pounds, came down and crushed his thumb. He had a degloving injury. His right hand bothered him and he did not return to work with restrictions until 3 months after the injury. He also had back, shoulder, neck and head pain. He has been treated for depression for which he had medication and psychotherapy long-term. He was felt to have depression secondary to his orthoepdic pain and limitations. His provider is requesting Celexa 40 mg to show appropriateness for 2 months or wean. He was on escitalopram and bupropion which were helpful but he was depressed and anxious still with little change from baseline. In April 2014, he was found to have severe anxiety and severe depression. On 6/2/14, his treating doctor requested psychiatric consultation once every 3-4 months, Wellbutrin 300 mg, Remeron 30 mg and citalopram 40 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram (Celexa) 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

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

**Decision rationale:** SSRI medications are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Citalopram has been prescribed along with Wellbutrin and Remeron, but there is no plan outlining how these medications are to be used, and the goals of therapy. It appears that the citalopram was already approved by the utilization review, approved with the caveat that improvement must be demonstrated or weaning should take place. This is the same as the request on the application for independent medical review, so there is apparent agreement with this recommendation. I cannot endorse the approval of the citalopram without a clear plan for its use and a therapeutic goal. The request is not medically necessary and appropriate.