

Case Number:	CM14-0118833		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1993
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 65-year-old male who reported an injury to his low back. The clinical note dated 06/19/14 indicates the injured worker having previously undergone a left sided laminotomy at L3-4. The injured worker was being recommended for a surgical intervention at that time as the injured worker's symptoms appeared to be progressive in nature. The clinical note dated 07/09/14 indicates the injured worker continuing with lumbar spine pain. The injured worker reported constant pain in the low back with radiating pain into the left lower extremity. The injured worker also reported swelling and pain in both hands, left greater than right and rated the pain as 10/10 at that time. The note indicates the injured worker utilizing Celexa as well as ibuprofen, Oxycontin, and Tizanidine. The clinical note dated 04/09/14 indicates the injured worker had undergone an increase in the use of Celexa to 40mg. There is an indication the injured worker had been showing better spirits at that time. The clinical note dated 01/09/14 indicates the injured worker showing strength deficits in the lower extremities as well as absent reflexes at the knees and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Celexa 40mg 1 tablet oral Q day #30 - Unspecified DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Specific antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication in the documentation that the patient has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for this medication cannot be recommended as medically necessary at this time.