

Case Number:	CM14-0136484		
Date Assigned:	09/03/2014	Date of Injury:	03/09/2010
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 has a subspecialty in Interventional Spine 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 66-year-old female with a date of injury of 03/09/2010. The listed diagnosis per [REDACTED] is lumbosacral neuritis, NOS. According to progress report 05/02/2014, the patient reports back pain rated as 5/10. Patient states citalopram 20 mg allows her to feel less anxiety with better sleep. Examination revealed "stiff and rigid posterior and mood is described as better and less depressed although not resolved." Progress report 08/04/2014 notes Celexa has been beneficial. Mental status examination revealed "some stiffness and rigidity in her low back, but otherwise is engaged. Her mood is described today as so-so and her affect shows to be restricted." The treating physician is requesting a refill of citalopram tablet 10 mg #60. Utilization review denied the request on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram Tab 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants, page 13-15. The Expert Reviewer's decision rationale: This patient presents with low back, hip, left lower extremity, buttocks, and psyche issues. The treating physician is recommending a refill of citalopram 20 mg in the morning which allows her to feel less anxiety and receive better sleep. Citalopram is a Selective Serotonin reuptake inhibitor. The MTUS guidelines page 13-15 has the following under antidepressants, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." In this case, the treating physician is using Paxil for the patient's anxiety and depression. This request is medically necessary.