

<b>Case Number:</b>	CM14-0136496		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain 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:

The records presented for review indicate that this 59 year-old male was reportedly injured on June 9, 2010. The mechanism of injury is noted as a motor vehicle (forklift) collision. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of abdominal pain. Compliance with the medication protocol is outlined. The physical examination focused on the psychiatric aspect. Diagnostic imaging studies were not presented. Previous treatment includes psychiatric treatment, chiropractic care, physical therapy, multiple medications, and pain management interventions. A request had been made for Celexa and was not certified in the pre-authorization process on July 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEXA 20 MG 1/2 QD #25-50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressants for chr.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

**Decision rationale:** Selective serotonin re-uptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin re-uptake without action on noradrenaline. They have not

shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents, or that this medication has demonstrated any efficacy whatsoever. As such, this request is not considered medically necessary.