MAXIMUS Federal Services

| Case Number: | CM14-0156962 | | |
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| Date Assigned: | 09/29/2014 | Date of Injury: | 05/18/2007 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/20/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

## 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 Family 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 42-year old irrigator reported injuries to his L ankle, knee and low back after catching his foot and nearly falling while carrying long pipes on 5/18/2007. There apparently was a second ankle injury on 10/3/09, which is not documented in the available records. The patient has had two ankle surgeries. He continues to have chronic L ankle and low back pain, and is depressed. He weighs 256 pounds, and has not worked since December of 2007. Treatment for his depression has included medication and cognitive behavioral therapy (CBT). The most recent progress note available from his psychiatrist is dated 9/11/14. According to the report, the patient has continued to have pain, and is mood has been down. He has had appetite fluctuations, and has gained weight. He cut his Paxil dose in half because he was having problems with his memory, and "apparently called into the clinic" to report that he was doing so. He did not note improvement in his memory with the decrease or with then running out of Paxil completely. His Beck Depression Inventory score was consisted with severe depression, and had increased 5 points since May 2014. He had thoughts of killing himself, but no plans to act on them. The note did not include any evaluation of memory or cognitive function. Diagnoses included Major Depressive Disorder, single episode with no psychotic features; and Chronic Pain Syndrome Associated with Both Psychological Factors and a General Medical Condition. The plan was to initiate citalopram since it is more activating than paroxitine (Paxil), and may be helpful in stabilizing the patient's appetite and concentration. Citalopram was started at 10 mg QAM, and a recheck was scheduled for 10/23/14. An attached request for authorization lists the requested item as citalopram 10 mg #60 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 10mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online, evidence-based review service for clinicians (www.uptodate.com), Unipolar depression in adults and initial treatment: General principles and prognosis

**Decision rationale:** The first reference cited above states that antidepressant or antipsychotic medication may be prescribed for major depression or psychosis, however this is best done in conjunction with specialty referral. According to the UptoDate reference, patients who are started on antidepressants should generally be seen one to two weeks after starting an antidepressant and subsequently monitored by phone or visit at least every two to four weeks for 6-8 weeks, depending on the clinical urgency. Therapeutic response, adverse effects and adherence should be assessed, with particular attention given to symptoms of suicidal ideation and behavior, psychosis, agitation, and anxiety. Following remission, the frequency of assessments can be tapered.In this case the treating psychiatrist has started a new antidepressant in a patient with major depression and some suicidal ideation, and has elected not to recheck him for six weeks. The psychiatrist has requested authorization of citalopram 10 mg #60 with two refills. If the patient stays at the starting dose of 10 mg/day, this is sufficient medication for six months. The psychiatrist did not document any instructions to increase the dose with time. Given the history of a previous concern about drug side effects for which the patient called into the psychiatrist's office, and which was not responded to, it is medically inappropriate to facilitate long follow-up periods. Allowing the patient to fill 6 month's worth of medications would make it easier to prolong the time between visits. Side effects could occur, or the medication could result in increased suicidal ideation. The medication may be ineffective. Any of these eventualities could result in changing the Citalopram dose or in discontinuing itThe evidence-based citations above and the clinical findings in this case do not support the use of Citalopram 10 mg #60 with two refills. Citalopram 10 mg #60 with two refills is not medically appropriate because it does not allow for the frequent monitoring that should occur and the possible medication changes that may result after starting a severely depressed patient on a new medication.