

<b>Case Number:</b>	CM14-0185494		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 is a 64-year-old male with a 3/23/07 date of injury. According to a psychiatric treatment report dated 9/10/14, the patient has continued to make recovery from the bilateral inguinal repair that he underwent in February and April 2014. He identified his pain to be an 8/10. He stated that he continued to see intermittent shadows and that he heard off and on voices that called his name. He stated that they've been infrequent with the use of medications. Objective findings: patient denied any thoughts about hurting himself or others and denied any current auditory visual hallucinations. Diagnostic impression: none noted. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 10/17/14 denied the requests for citalopram 10mg, citalopram 20mg, perphenazine, and stool softener. Regarding citalopram 10mg and 20mg, there is no documentation regarding objective functional improvement with the use of antidepressants submitted for review. Regarding perphenazine, the AME doubts that the claimant has ever been psychotic or hallucinating. It is unclear from the submitted documentation whether the claimant is currently receiving psychiatric care or has symptomatology meriting the use of antipsychotic medications. Regarding stool softener, there is no current clinical documentation submitted that contains evidence of symptomatology that would support the medical necessity of a stool softener.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - SSRIs Other Medical Treatment Guideline or Medical Evidence: FDA (Celexa)

**Decision rationale:** CA MTUS states that SSRI's 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. More information is needed regarding the role of SSRIs and pain. ODG states that SSRIs are recommended as a first-line treatment option for major depressive disorder because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the present case, there is no documentation that this patient has a diagnosis of depression or any other psychiatric condition. There is no documentation that this patient has received any other type of psychiatric treatment, such as behavioral therapy, or a thorough psychiatric evaluation to establish medical necessity for an antidepressant medication. Therefore, the request for Citalopram 10 mg, thirty count is not medically necessary.

**Citalopram 20 mg, twenty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - SSRIs Other Medical Treatment Guideline or Medical Evidence: FDA (Celexa)

**Decision rationale:** CA MTUS states that SSRI's 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. More information is needed regarding the role of SSRIs and pain. ODG states that SSRIs are recommended as a first-line treatment option for major depressive disorder because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the present case, there is no documentation that this patient has a diagnosis of depression or any other psychiatric condition. There is no documentation that this patient has received any other type of psychiatric treatment, such as behavioral therapy, or a thorough psychiatric evaluation to establish medical necessity for an antidepressant medication. Therefore, the request for Citalopram 20 mg, twenty count is not medically necessary.

**Perphenazine 2 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Perphenazine)

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the FDA, Perphenazine is an anti-psychotic medicine in a group of drugs called phenothiazines (FEEN-oh-THYE-a-zeens). It works by changing the actions of chemicals in your brain. Perphenazine is used to treat psychotic disorders such as schizophrenia. It is also used to control severe nausea and vomiting. However, in the present case, there is no documentation that this patient has a diagnosis of schizophrenia or any other psychiatric disorder. In addition, the medical records reviewed indicate contradictory information. The patient stated that he continued to see intermittent shadows and that he heard off and on voices that called his name. However, it is also documented that he denied any current auditory visual hallucinations. There is no documentation that this patient has received any other type of psychiatric treatment, such as behavioral therapy, or a thorough psychiatric evaluation to establish medical necessity for an antidepressant medication. Therefore, the request for Perphenazine 2mg, thirty count is not medically necessary.

**Stool softener 100 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/meds/a682165.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682165.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment')

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, in the present case, there is no documentation that the patient has symptoms of constipation. In addition, there is no documentation that he is currently taking an opioid medication, which would require opioid-induced constipation. Therefore, the request for Stool softener 100 mg, sixty count is not medically necessary.