MAXIMUS Federal Services

Case Number:	CM14-0020714		
Date Assigned:	05/02/2014	Date of Injury:	08/08/2011
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for bilateral facet arthropathy and degenerative disc disease L5-S1, associated with an industrial injury date of August 8, 2011.Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/21/2014, showed low back pain described as aching, stabbing, with a pain scale of 7/10. Pain medication improved pain by 50% without side effects. Without pain medication the patient would be unable to have sex and walk long distances. He admitted to have some moodiness from time to time but sleep was fair. Physical examination revealed ambulation with a limp.There was tenderness along the paraspinous area. No muscle spasms were noted. The parapinal muscle tone was normal. Facet loading test was positive on both sides. On passive motion there was restriction in the range of motion due to pain. Treatment to date has included physical therapy, median branch radiofrequency and facet joint block, medications such as Norco but Citalopram was not specified. Utilization review from 02/03/2014 denied the request for the retrospective use of Citalopram 10mg because there was no pertinent rationale for the use of Citalopram and it was unclear when Citalopram was actually prescribed to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

CITALOPRAM (CITALOPRAM TABLET)-10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, Citalopram is a selective serotonin reuptake inhibitor that belongs to a class of antidepressants. It has been suggested that its role is in addressing psychological symptoms associated with chronic pain. In this case, there was no documented evidence of anxiety or depressive disorder. Furthermore, medical reviews failed to specify when Citalopram was prescribed or the benefits derived from its use. There is no clear indication for continuing citalopram at this time. Moreover, the request failed to specify the quantity to be dispensed. Therefore, the request for Citalopram (Citalopram Tablet) 10mg is not medically necessary.