

<b>Case Number:</b>	CM14-0041400		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Internal 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 injured worker is a 31 year old female injured on 03/13/13, when she was tripped from behind landing on her back on a cement floor resulting in a fracture of the coccyx and tailbone. Current diagnoses included lumbar strain, lumbar degenerative facet arthritis, insomnia, and depression. Clinical note dated 02/12/14 indicated the injured worker presented complaining of continued low back pain rated 8/10. Physical examination revealed slow gait, heel and toe ambulation, slightly painful, tenderness at L4-5 on deep palpation and bilateral posterior and superior iliac spine, tenderness at coccyx on deep palpation, difficulty bending to mid patella, straight leg raise test positive on the left, sensation intact to bilateral lower extremities, and deep tendon reflexes 1+ to bilateral lower extremities. Medications included Naproxen 550mg twice daily Flexeril 10 mg every evening and Celexa 10 mg four times daily with intent to increase to 20mg for neuropathic pain. The initial request for Celexa 10mg #30 was not medically necessary on 03/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEXA 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRRIS ( SELECTIVE SERORONIN REUPTAKE INHIBITORS) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication that first line treatment options for neuropathic pain have been attempted prior to utilizing Celexa. As such, the request for Celexa 10MG #30 cannot be recommended therefore, this request is not medically necessary.