

Case Number:	CM14-0073897		
Date Assigned:	07/18/2014	Date of Injury:	05/13/1998
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 and is licensed to practice in Nevada. 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 the injured worker is a 52 year-old female who was reportedly injured on 5/13/1998. The mechanism of injury is not listed. The most recent progress note, dated 5/13/2014 indicates that there are ongoing complaints of irritable bowel syndrome. No physical examination was submitted for review. There is documentation from the utilization review that states the last physical exam took place on 12/19/2013 which indicates the injured worker has small movable breasts and abdominal nodules. No diagnostic studies are submitted for review. Previous treatment includes medications, and conservative treatment. A request had been made for Citalopram 40 mg #30 and was not certified in the pre-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram HBR 40mg #30: Upheld

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

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

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. MTUS guidelines support the use of SSRIs, and Zoloft, for depression, and neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a recent physical evaluation. It is noted the patient is no longer seen the previous physician who is prescribing medication due to being out of network. Therefore without current documentation of a physical exam and associated mental health diagnosis, the continued use of this medication is deemed not medically necessary.