

Case Number:	CM14-0088847		
Date Assigned:	07/23/2014	Date of Injury:	10/28/1998
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 58 year old male who was injure on 10/28/1996. The diagnoses are left knee, left hip and low back pain. There is associated diagnosis of depression. The past surgery history is significant for lumbar spine fusion. The MRI of the lumbar spine showed L5-S1 degenerative disc disease and neural foraminal stenosis. On 4/8/2014, subjective complaints of low back pain radiating to left lower extremity. The pain score was 8/10 without medication and 4/10 with medication. The patient reported increase in activities of daily living (ADL) with the use of medications. On 12/31/2013 the urine drug screen (UDS) was reported as consistent. The medications are Norco and Neurontin for pain, Celexa for depression, Ambien for sleep and Colace for constipation. A Utilization Review determination was rendered on 5/13/2014 recommending non certification for Celexa 20mg 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg QD: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that depression associated with chronic pain be effectively managed to improve compliance and control psychosomatic symptoms in chronic pain patients. There is increased risk of aberrant drug behaviors, insomnia, and reduced efficacy of pain medications in patient with untreated depression. The records indicate that the patient has been utilizing Celexa since 2013. There is significant decrease in pain scores and increase in ADL with utilization of current medications. The criteria for the use of Celexa 20mg 1 refill were met.