

Case Number:	CM14-0090766		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2009
Decision Date:	09/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Emergency 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 patient has a reported date of injury of 3/25/2009. As per the utilization report (UR), the patient reportedly fell backwards, off scaffolding, injuring back. The patient has a diagnosis of low back pain with disc herniation at L4-5 and L5-S1. There is a history of operative fixation (no date or type of surgery was provided) and lumbar radiculopathy. The only documents sent for review are progress notes dated, 5/14/14, 6/24/14 and the UR report. Patient also reports pain improvement with medications from 2/10 to 5/10 and is able to improve walking and activity with medications. An objective exam was "no upper track findings", no ankle clonus and "unchanged" exam. No advance imaging or electrodiagnostic reports were provided. Current medications are Norco, Robaxin, Prilosec, Celexa and Docuprene. Independent Medical Review is for Celexa 20mg #30 Utilization review on 6/4/14 recommended modification of original prescription for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Antidepressants for chronic pain>, page(s) <13-16> Page(s): 13-16.

Decision rationale: Celexa (Citalopram) is a Selective Serotonin Reuptake Inhibitors (SSRI) type antidepressant. As per MTUS Chronic pain guidelines, antidepressants are recommended in neuropathic pain and certain chronic pains. Most data support use of Tricyclic antidepressants and other medications such as Serotonin Norepinephrine Reuptake Inhibitors (SNRI) type antidepressant. However, SSRI-type antidepressants have the poorest outcomes and data to support its use and are not recommended. Therefore Celexa is not medically necessary.