MAXIMUS Federal Services

Case Number:	CM14-0095946		
Date Assigned:	07/25/2014	Date of Injury:	08/05/2011
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/24/2014

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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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:

This is a now 40 year old male who evidently pulled a back muscle in August of 2011. The patient has been on Wellbutrin 150 mg BID and evidently the plan is to switch to Celexa. Clinical information is quite limited and it is not known how long the patient was on Wellbutrin or why the provider was switching medications. A psychiatric diagnosis was not recorded and no indication that the patient has been under the care of a mental health professional. The previous reviewer denied coverage for the Celexa. This is an independent review of the denial of coverage for Celexa 40 mg with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 40mg (1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitor) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Treatment Index, 11th Edition (web), 2013 Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16 and 107.

Decision rationale: As noted above a psychiatric diagnosis is not noted in the materials supplied and therefore the writer is applying the State of California MTUS guidelines for chronic pain. According to this document, SSRI's are not recommended for chronic pain due to insufficient evidence supporting their efficacy. The documentation provided does not supply sufficient evidence of secondary depression or anxiety to indicate the requested medication. As such medical necessity for Celexa 40 mg with one refill is not supported according to the evidence based guidelines cited above.