

Case Number:	CM14-0218614		
Date Assigned:	01/08/2015	Date of Injury:	03/25/2009
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male who sustained an industrial injury on 03/25/2009. He had reported low back pain. The diagnoses have included low back pain with disk herniations at L4-L5 and L5-S1 with operative fixation and lumbar radiculopathy. Treatments have included surgery and medications. MRI and CT of lumbar spine on 07/21/2009 and 06/26/2012 showed fusion from L4-S1 with significant sacroiliac joint pathology. Currently, the IW complains of low back pain. The physician states that medication allows the injured worker to walk for about half an hour or so as well as doing light household tasks for about 30-45 minutes. On 12/16/2014, the injured worker submitted an application for IMR for review of Celexa 20mg #60. On 12/17/2014, Utilization Review non-certified the above request noting that there is no clear evidence presented that Celexa is a medical necessity for this injured worker such as documentation of treatment failure with other antidepressants. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 03/25/2009. The medical records provided indicate the diagnosis of low back pain with disk herniations at L4-L5 and L5-S1 with operative fixation and lumbar radiculopathy. Treatments have included surgery and medications. The medical records provided for review do not indicate a medical necessity for Celexa 20 mg # 60. Celexa is an antidepressant in the group called SSRIs (selective serotonin reuptake inhibitors). The MTUS notes controversy over the use of the Selective serotonin reuptake inhibitors (SSRIs), for treatment of chronic pain. The Official Disability Guidelines does not recommend their use. Therefore, the requested treatment is not medically necessary and appropriate.