

Case Number:	CM15-0000465		
Date Assigned:	01/12/2015	Date of Injury:	09/08/2004
Decision Date:	03/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 64 year old male with a work injury dated 09/08/2004. He was operating a street swiper and was hit from behind experiencing left leg fracture. Open reduction internal fixation with rod and skin grafts was performed and he was hospitalized for almost a month, followed by extensive rehab. He has a medical history of coronary artery bypass graft in 2012, diabetes and chronic obstructive pulmonary disease. The diagnoses have included chronic low back pain, spondylolisthesis; chronic shoulder pain, DJD; chronic leg pain, status post left knee trauma and surgery; chronic paresthesia bilateral feet and hyperlipidemia. Treatment to date has included surgery, physical therapy and medications. Radiology reports are available dated 2007. The provider notes the IW failed Cymbalta. He currently takes Celexa. Currently the injured worker (IW) was complaining of daily pain in neck, shoulders, back and bilateral legs associated with numbness in hands and burning and tingling in feet. Physical exam revealed slow ambulation. Straight leg raising aggravated back pain. On 12/29/2014 utilization review non-certified the request for Citalopram 20 mg noting there was no provided evidence that the patient had received benefit or demonstrated functional improvement with Citalopram. The request for Gemfibrozil was also non-certified noting the treatment of the patient with this particular medication as medically necessary however is not directed to the effects of the industrial injury. There is no demonstrated functional improvement. Guidelines cited were MTUS and ODG. On 01/02/2015 the injured worker submitted an application for IMR for review of the requested Citalopram 20 mg # 30 and Gemfibrozil 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gemfibrozil (Lopid) 600mg #180: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertriglyceridemia Medication

Decision rationale: Gemfibrozil is indicated in case of elevated triglyceride. There is no clear evidence of Hypertriglyceridemia in this case and the request is not medically necessary.

Celexa (Citalopram) 20mg every day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Antidepressant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anxiety medications in chronic pain.

Decision rationale: Celexa is a serotonin reuptake inhibitor indicated of post traumatic stress disorder. There is no documentation that the patient developed post traumatic stress disorder. Therefore, the request for Celexa is not medically necessary.