

<b>Case Number:</b>	CM15-0129972		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/25/1999
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old male, who sustained an industrial-work injury on 3-25-99. A review of the medical records dated (2-6-15 to 5-5-15) indicates that the injured worker is undergoing treatment for low back pain, migraines, and neck pain with history of diabetes. The pain is rated 5 out of 10 on pain scale with medications and 10 out of 10 without medications. The injured worker is also able to clean, drive, cook, bathe and dress. Treatment to date has included medications Keppra, Nortriptyline, Felodipine ER and Celexa (both taken since at least 12-5-14), failed physical therapy, off of work, diagnostics, and other modalities. Medical records dated 5-5-15 indicate that the injured worker complains of pain in the neck and low back. The pain also radiates down the shoulder. Per the treating physician report dated 5-5-15 the injured worker has not returned to work and is permanent and stationary. The physical exam dated 5-5-15 reveals decreased cervical range of motion with pain and tenderness noted over the cervical paraspinals. The physician indicates that the injured worker has signed a pain agreement. The requested services included Felodipine ER 2.5mg #30 and Celexa 20mg #30. The original Utilization review dated 6-18-15 non-certified the request for Felodipine ER 2.5mg #30 and Celexa 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Felodipine ER 2.5mg #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/meds/a692016.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692016.html).

**Decision rationale:** The 45 year old patient complains of low back and neck pain radiating to the shoulder, as per progress report dated 05/05/15. The request is for Felodipine ER 2.5mg #30. There is no RFA for this case, and the patient's date of injury is 03/25/99. The pain is rated at 10/10 without medications and 5/10 with medications, as per progress report dated 05/05/15. Diagnoses included congenital lumbosacral spondylosis, cervical spondylosis, epilepsy, headache, head injury, migraine, diabetes mellitus, abdominal pain and convulsions. Medications included Keppra, Nortriptyline, Celexa, and Felodipine. The patient is not working, as per the same progress report. MTUS, ACOEM and ODG guidelines do not discuss Felodipine. Medline Plus, a service of the U.S. National Library of Medicine, at [www.nlm.nih.gov/medlineplus/druginfo/meds/a692016.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692016.html) states: Felodipine is used to treat high blood pressure. Felodipine is in a class of medications called calcium channel blockers. It works by relaxing the blood vessels so your heart does not have to pump as hard. In this case Felodipine is first noted in progress report dated 12/05/14. While the patient has been taking it consistently since then, it is not clear when the medication was initiated. The treater does not discuss the efficacy of Felodipine. Additionally, none of the reports document a diagnoses of hypertension for which Felodipine is indicated. Given the lack of appropriate diagnoses and documentation of efficacy, the request for Felodipine is not medically necessary.

### **Celexa 20mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Antidepressants for Treatment of MDD.

**Decision rationale:** The 45 year old patient complains of low back and neck pain radiating to the shoulder, as per progress report dated 05/05/15. The request is for Celexa 20mg #30. There is no RFA for this case, and the patient's date of injury is 03/25/99. The pain is rated at 10/10 without medications and 5/10 with medications, as per progress report dated 05/05/15. Diagnoses included congenital lumbosacral spondylosis, cervical spondylosis, epilepsy, headache, head injury, migraine, diabetes mellitus, abdominal pain and convulsions. Medications included Keppra, Nortriptyline, Celexa, and Felodipine. The patient is not working, as per the same progress report. MTUS, Anti-depressants Section, pages 13-15 states: "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without

action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." ODG Guidelines, Mental Illness and Stress Chapter under Antidepressants for Treatment of MDD states: "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case Celexa is first noted in progress report dated 12/05/14. While the patient has been taking it consistently since then, it is not clear when the medication was initiated. The treater does not discuss the efficacy of Celexa. ODG guidelines support the use of this medication only with demonstrated effectiveness. Additionally, the progress reports do not document a diagnosis of depression for which Celexa is indicated. Given the lack of appropriate diagnoses and documentation of efficacy, the request for Celexa is not medically necessary.