

Case Number:	CM15-0135385		
Date Assigned:	07/23/2015	Date of Injury:	05/01/1999
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on May 1, 1999, incurring, upper and lower back injuries. She was diagnosed with lumbar disc disease, cervical disc disease and cervical spondylosis. Magnetic Resonance Imaging of the lumbar spine revealed disc bulging and foraminal stenosis with bilateral facet hypertrophy. Magnetic Resonance Imaging of the cervical spine showed disc protrusion with degenerative changes and foraminal narrowing. She underwent a lumbar laminectomy and then a lumbar fusion. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, antidepressants and work restrictions. Currently, the injured worker complained of persistent neck and back pain and increased upper extremity pain with numbness and tingling. The pain worsened with prolonged walking and sitting. She complained of poor concentration and memory loss with signs of depression. The treatment plan that was requested for authorization included a prescription for Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, celexa.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a first line treatment option for depression. The patient has the diagnosis of depression and depression symptoms. Therefore the request is medically necessary.