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| <b>Case Number:</b>   | CM15-0166197 |                              |            |
| <b>Date Assigned:</b> | 09/03/2015   | <b>Date of Injury:</b>       | 06/05/2007 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 07/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2015 |

### 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: 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 64 year old female, who sustained an industrial injury on 6-5-2007. Diagnoses have included major depressive episode, severe, in remission. Treatment to date has included medication. According to the psychiatric progress note dated 4-23-2015, the injured worker stated that her mood was well. She felt much better. She was taking Celexa 40mg. She stated that her sleep was good and her energy had improved. In general, she stated that she felt relatively good and hopeful. Mental status exam revealed the injured worker to be slightly sad looking. Her affect seemed a bit constricted, flat and a little sad. She was able to understand and respond succinctly and appropriately to anything that was discussed. Authorization was requested for Celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 20mg qd #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Per the MTUS guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The injured worker is diagnosed with major depressive episode, severe, in remission. Efficacy is noted with the utilization of Celexa. The request for Celexa 20mg qd #60 with 1 refill is medically necessary and appropriate.