

Case Number:	CM15-0189711		
Date Assigned:	10/01/2015	Date of Injury:	01/31/2013
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 56 year old female who sustained an industrial injury on 01-31-2013. Current diagnoses include cervical radiculopathy and lumbosacral radiculopathy. Report dated 08-13-2015 noted that the injured worker presented for follow up. Pain level was not included. Physical examination performed on 08-13-2015 revealed continued spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion, and decreased sensation bilaterally. Previous treatments included medications, therapy, psychiatric-psychological evaluation and treatment, and injections. The treatment plan included returning for follow up in 4 weeks. Of note there was no documentation submitted that discussed the request for citalopram. The utilization review dated 08-27-2015, non-certified the request for citalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004.

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) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-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". ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker suffers from cervical radiculopathy and lumbosacral radiculopathy and has been given diagnosis of "Stress reaction; emotional" secondary to the same. There is no documentation of her suffering from MDD (major depressive disorder) treatment, moderate or severe presentation for which SSRI's such as Citalopram are indicated by the guidelines. Also, there is no documentation regarding the response from this medication. The request for Citalopram 20mg #30 is not medically necessary based on the above information.