

<b>Case Number:</b>	CM15-0196594		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Texas, 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:

This is a 59 year old female patient, who sustained an industrial injury on 11-21-2009. The diagnoses include lumbago, lumbar radiculitis, knee pain, shoulder pain, and wrist-forearm pain. According to the progress report dated 8-18-2015, she presented with complaints of ongoing lower back pain with radiation down her buttocks into her legs. In addition, she reports right shoulder pain, associated with numbness and tingling around the deltoid region. She also suffered from depression because of the injury. On a subjective pain scale, she rated her pain 5 out of 10 with medications and 7 out of 10 without. The physical examination of the lumbar spine revealed tenderness over the lumbar spine and facet joints and decreased range of motion with extension and lateral bending. The current medications are Anaprox, Norco, Celexa (since at least 2014), and Lidoderm patch. Her past surgical history includes right knee arthroscopy in 1988, left thumb surgery in 2008 and right shoulder surgery in 3/13/2013. Previous diagnostic studies were not indicated. Treatments to date include medication management. Work status is described as permanently disabled. The treatment plan included the addition of Lidoderm 5% patches. The original utilization review (9-8-2015) partially approved a request for Celexa #30 with one refill. The request for Lidoderm 5% patch was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 20 MG #30 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:** Celexa 20 MG #30 with 1 Refill. Celexa contains citalopram which is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines, "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, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." Per the records provided, the patient had lower back pain with radiation down her buttocks into her legs, right shoulder pain, associated with numbness and tingling around the deltoid region. She also suffered from depression. Citalopram is recommended to address psychological symptoms associated with chronic pain. The request for Celexa 20 MG #30 with 1 Refill is medically necessary and appropriate for this patient.

**Lidoderm 5 Percent Patch #90 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidoderm 5 Percent Patch #90 with 2 Refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsant is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. The Lidoderm 5 Percent Patch #90 with 2 Refills is not medically necessary for this patient.