

Case Number:	CM15-0204756		
Date Assigned:	10/21/2015	Date of Injury:	08/05/2012
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male with a date of injury on 8-5-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, back, bilateral wrists and right brachiolexopathy pain, depression and sleep issues. Exam on 4-16-15 reports that the injured worker is suffering from depression and is being treated with Citalopram 20 mg. He also reported sleeping 6-7 hours per night and waking up 6-7 times per night. Progress report dated 9-8-15 reports current medications taken for hypertension include: bystolic, lisinopril, and citalopram. Citalopram is being taken as an adjunct to control his blood pressure. He reports nearly having a nervous breakdown when he tried stopping citalopram in the past. Physical exam: blood pressure 100 over 60. Request for authorization was made for Citalopram 20 mg quantity 30 with 5 refills. Utilization review dated 10-6-15 modified the request to certify Citalopram 20 mg tablet quantity 30 no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline, page 108, SSRIs such as Citalopram 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. In this case the worker is a 41 year old male who sustained a work injury in 2012. He is being treated for chronic pain, depression and insomnia. In this case the submitted documentation supports that the injured worker is being treated with the requested medication specifically for depression, which is an indication supported by the guidelines. The submitted documentation supports that the worker carries a diagnosis of depression as far back as 2012. Therefore this request is supported by the cited guidelines and is medically necessary.