

<b>Case Number:</b>	CM15-0206051		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/31/2006
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 10-31-2006. The injured worker was being treated for chronic back pain due to failed back syndrome, generalized anxiety disorder (improved using Propanolol), decreased libido with a history of normal testosterone (likely related to his chronic back pain and depression), erectile dysfunction, and depression (stable). Treatment to date has included diagnostics, lumbar spinal surgery in 2009, lumbar radiofrequency ablation, and medications. On 1-14-2015, ongoing increasing pain in his lower back. He reported weight gain due to "a sweet tooth". Objective findings included tenderness to palpation in the lower back around the L5-S1 area, as well as the L4 area, and tightness in the muscles around the iliac crest area. Current medication regimen was not specified and the use of Celexa was noted since at least 10-2013. On 10-02-2015 Utilization Review non-certified a request for Citalopram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors), Tricyclics.

**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) Antidepressants for Treatment of MDD Chapter under Mental Illness and Stress.

**Decision rationale:** The current request is for CITALOPRAM. The RFA is not provided in the medical file. Treatment to date has included diagnostics, TENS unite, lumbar spinal surgery in 2009, lumbar radiofrequency ablation, physical therapy and medications. The patient's work status is not addressed. MTUS, Anti-depressants Section, pages 13-15 states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. ODG Guidelines, Antidepressants for Treatment of MDD Chapter under Mental Illness and Stress states: Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. Per report dated 07/06/15, the patient presents with chronic low back pain. His pain on this date is 6/10, and 8/10 at its worst. Current medications include propranolol, tramadol, Lyrica, citalopram, cyclobenzaprine, methocarbamol, and Omeprazole. The patient has been prescribed Citalopram since at least 02/09/15. This patient presents with chronic low back pain and has listed diagnoses of depression and anxiety for which MTUS supports the use of SSRIs. MTUS page 60 also states that pain and function must be documented when medications are used for chronic pain. In this case, there is no discussion regarding medication efficacy to warrant continued use. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.