

<b>Case Number:</b>	CM15-0021689		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/18/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Arizona, 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 year old female injured worker suffered and industrial injury on 10/18/2003. The diagnoses were cervical fusion with left lower extremity weakness along with upper extremity radicular symptoms and depression. The treatments were medications. The treating provider reported her sleep is disturbed 2 to 3 x a night by pain. The pain is in the left shoulder, upper arm and occasional radiates to the hand. The claimant had been on Lexapro for several months to manage depression. A progress note on 12/19/14 indicated no psychological complaints or findings. The physician change the Lexapro to Celexa. The Utilization Review Determination on 1/20/2015 non-certified Celexa 20mg # 30, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 20mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Mental and antidepressants.

**Decision rationale:** Celexa is an SSRI. Although SSRI's are indicated for major depression, there was no mention or recent evaluation regarding the claimant's depression. No mood questioning or therapeutic failure were noted. The claimant had been on Lexapro and was changed to Celexa without justification. Based on lack of clinical reason to change medication and proper ongoing evaluation of medication response, the Celexa is not medically necessary.