

<b>Case Number:</b>	CM15-0029319		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/08/2005
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 63 year old man sustained an industrial injury on 7/8/2005 after falling 13-15 feet. Current diagnoses include hip fracture, herniated lumbar disc, status post right laminectomy and discectomy at L4-L5 and L5-S1, right total hip arthroplasty, right shoulder arthroscopy, cervical spondylosis at C5-C6 with disc herniation and myelopathy, worsening lumbar symptoms following epidural injection, rule out arachnoiditis, central canal stenosis of the lumbar spine, failed back syndrome, anxiety, depression, pseudobulbar affect, poor pain coping mechanisms, and constipation due to opioids. Treatment has included oral medications. Physician notes dated 1/26/2015 show complaints of constant low back pain that spreads to the bilateral buttocks, back of legs, knees and feet with the right side worse than the left; constant numbness in the feet; slow initiation of urine; bilateral lower extremity weakness, giving way, and subsequent falls; bilateral arm pain with shoulder popping; constant neck pain that radiates to the shoulders and down to the elbow; bilateral arm weakness; stomach pains; right abdominal pain associated with val salva; depressed, anxious, and frustrated, anxiety and panic attacks with shortness of breath; inability to sleep due to pain; constipation; and feeling dizzy, and lightheaded. Recommendations include reviewing medical records, start Nuedexta, Lizness, increase Citalopram, changing Brintelix to another SSRI, continue Fentanyl patch and Norco for now, pain management consultation, random toxicology screen, psychiatric consultation and treatment, and acupuncture trial. On 2/9/2015, Utilization Review evaluated prescriptions for Citalopram 20 mg two tablets daily #60 with three refills and Nuedexta twice daily #60 with three refills, that were submitted on 2/18/2015. The UR physician noted that when Quinidine and Dextromethorphan are

combined, Dextromethophan levels are increased. Further, there is no documentation of medication compliance. Non-MTUS or ACOEM Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Citalopram 20mg quantity 60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Epocrates, Celexa monograph <https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=496>.

**Decision rationale:** Celexa (citalopram) is a selective serotonin reuptake inhibitor (SSRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs .2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." MTUS additionally states concerning SSRIs and pain "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." The treating physician is contemplating changing this medication as it does not appear to be efficacious. As such, the request for Citalopram 20mg quantity 60 with 3 refills is not medically necessary.

**Nuedexta quantity 60 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pmc/articles/PMC3737988/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3737988/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate dextromethorphan quinidine.

**Decision rationale:** The MTUS and ODG are silent when it comes to Nuedexta. Other literature was used. Nuedexta is the combination of dextromethorphan and quinidine. This medication is approved to treat Pseudobulbar affect, typically due to ALS. "Dextromethorphan is a weak N-methyl-D-aspartate (NMDA) receptor antagonist, and it is proposed to act as an agonist at the sigma 1 receptor. However, its mechanism of action for treating pseudobulbar palsy is unknown. The rationale for using the combination medication is that dextromethorphan is rapidly metabolized in about 90 percent of the Caucasian population by the cytochrome P450 2D6 enzyme (CYP2D6), and quinidine is a selective CYP2D6 inhibitor. Thus, the coadministration of quinidine reduces the metabolism and maintains serum plasma levels of dextromethorphan."The medical records have diagnosed this patient has Pseudobulbar affect.As such, the request for Nuedexta quantity 60 with 3 refills is medically necessary.