MAXIMUS Federal Services

Case Number:	CM15-0220247		
Date Assigned:	11/13/2015	Date of Injury:	01/23/2002
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on 01-23-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical radiculitis, lumbar radiculopathy, carpal tunnel syndrome, and major depressive disorder. Medical records (04-30-2015 to 09-03-2015) indicate ongoing depression, anxiety and chronic pain. Records also indicate no changes in activity level or level of function. The treating physician reported that the IW has continued pain due to the lack of medications. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated (09- 03-2015) stated that the IW was tearful and depressed. This PR also states that the IW has completed 1 of 6 sessions of authorized therapy and being seem monthly for medication management. Relevant treatments have included: physical therapy (PT), work restrictions, and medications. The treating physician reports current medications as Seroquel, Celexa (citalopram), Klonopin and Ambien. The other medication list include Norco and Celebrex. The request for authorization (09-03-2015) shows that the following medication was requested: citalopram HBR (Celexa) 40mg #30. The original utilization review (10-29-2015) partially approved the request for Citalopram HBR 40mg #30 which was modified to #20. The patient had received an unspecified number of CBT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram HBR 40mg quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Mental Illness and Stress.

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

Decision rationale: Citalopram HBR 40mg quantity 30. Citalopram is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain."The patient had diagnoses of cervical radiculitis, lumbar radiculopathy, carpal tunnel syndrome, and major depressive disorder. Medical records (04-30-2015 to 09-03-2015) indicate ongoing depression, anxiety and chronic pain. The physical exam, dated (09-03-2015) stated that the IW was tearful and depressed. The patient has chronic pain with significant objective findings. The patient also had depression, anxiety. The cited guidelines support the use of a SSRI for addressing psychological symptoms associated with chronic pain. The request for Citalopram HBR 40mg quantity 30 is medically necessary and appropriate for this patient.