

Case Number:	CM15-0043644		
Date Assigned:	03/13/2015	Date of Injury:	01/31/2010
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old male, who sustained an industrial injury on 1/31/2010, while employed as a bus driver. He reported pain in his back after striking a pothole. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar radiculopathy, low back pain, and lumbar facet syndrome. Treatment to date has included lumbar spine surgery in 6/2011 and conservative measures, including physical and psychological therapies and medications. A Qualified Medical Examiner report from 6/22/2013 was referenced with Axis I diagnoses of major depressive disorder, generalized anxiety disorder, and dysomnia, not elsewhere specified. On 2/06/2015, the injured worker complained of low back pain, rated 2/10 with medication use and 8/10 without. Sleep quality was reported as fair. He was ambulatory with a cane and reported walking daily for exercise. Current medications included Ducosate Sodium, Zanaflex, Miralax, Cymbalta (prescribed for twice daily but reported as taken daily), Celexa, Percocet, and Senokot. His body mass index was 40.09%. The treatment plan included medication refills, noting that Cymbalta was helpful with chronic musculoskeletal low back pain, neuropathic symptoms, and mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 10 MG #30 As Prescribed on 2/06/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SSRIs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SSRIs.

Decision rationale: The MTUS notes that 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 ODG guidelines note that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. 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. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. SSRIs that are commonly prescribed include the following: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, & sertraline. (Clinical Pharmacology, 2010) In this case the treatment note on 3/6/15 indicates that there are no side effects with concurrent use of Cymbalta and Celexa and without Celexa his depressive symptoms are increased. Concurrent use of these medications is not contraindicated however, caution is advised for side effects including serotonin syndrome. The primary treating physician has made a referral to psychiatry to review the concurrent use of these medications. At this time the current treatment appears to be effective without side effects, the prior Utilization Review determination is reversed. The request for Celexa 10mg #30 is medically necessary.