

<b>Case Number:</b>	CM15-0081698		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York  
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 49-year-old female, who sustained an industrial injury on December 15, 1999. The injured worker reported neck and right shoulder pain. The injured worker was diagnosed as having cervical pain, degenerative joint disease (DJD), degenerative disc disease (DDD), shoulder degenerative joint disease (DJD) and degenerative disc disease (DDD) and radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), multiple surgeries and medication. A progress note dated March 26, 2015 provides the injured worker complains of neck and right shoulder pain. She rates her pain 6/10 with medication and 8/10 without medication. Physical exam notes cervical tenderness with decreased range of motion (ROM). Right shoulder exam notes tenderness with decreased range of motion (ROM) and positive Hawkin's test. The plan includes magnetic resonance imaging (MRI) and medication.

### 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 Selective Serotonin Reuptake Inhibitors (SSRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

**Decision rationale:** The request is considered not medically necessary. The Celexa was prescribed for pain and decreased mood secondary to pain. However, there is no clear documentation with psychological assessments such as Beck Depression Inventory to indicate the medical necessity for the medication. The patient was also on Trazodone which when taken with Celexa, will increase risk of serotonin syndrome. It is not advisable to continue both medications. Therefore, the request is considered not medically necessary.