

Case Number:	CM15-0083385		
Date Assigned:	05/05/2015	Date of Injury:	08/03/2011
Decision Date:	06/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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, New York, California

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 applicant is a represented 60-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of August 3, 2011. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for Celexa. An April 14, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant reported ongoing complaints of knee pain secondary to knee arthritis. A topical compounded cream, an ACL brace, and viscosupplementation injection were proposed. The applicant was described as having comorbidities including hypothyroidism, anxiety, depression, and sciatica. On February 17, 2015, the applicant reported highly variable 2-8/10 neck, low back, and knee pain. The applicant was placed off of work, on total temporary disability, while Norco, baclofen, and Laxacin were renewed. The applicant's complete medication list was not detailed. The applicant was again placed off of work, on total temporary disability, via an earlier note dated December 2, 2014. On April 7, 2015, the applicant reported issues with depression, anxiety, and panic attacks. Celexa was apparently prescribed for depression. The request was seemingly framed as a first-time request. Norco, Neurontin, Colace, and Celebrex were also endorsed while the applicant was kept off of work, on total temporary disability. A psychiatric referral was also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for citalopram (Celexa), an antidepressant medication, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Celexa may be helpful in alleviating symptoms of depression, as were present here. The applicant presented reporting issues with depression, anxiety, and panic attacks on or around the date in question. The request in question was framed as a first-time request for Celexa. Therefore, the request was medically necessary.