

<b>Case Number:</b>	CM14-0121604		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old female who reported an injury on 06/21/2012. The mechanism of injury occurred when the injured worker was pulling up weeds and debris. The injured worker has diagnoses of neck pain, cervical spondylosis with myalgia, and pain induced depression. Past medical treatment consists of physical therapy and medication therapy. Medication includes Citalopram. On 12/11/2012, the injured worker underwent an MRI of the cervical spine which revealed there was significant damage at the C5-6 level. On 08/18/2014, the injured worker complained of neck pain. The physical examination noted that the injured worker had a pain rate of 9/10. It was noted that the injured worker had significant weakness in the upper extremities and decreased sensation at the C5 level. The medical treatment plan was for the injured worker to continue the use of Citalopram. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 20mg #30, 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Anxiety Page(s): 16..

**Decision rationale:** The request for Citalopram 20mg q day #30, 6 refills is not medically necessary. The California The request for Citalopram 20mg q day #30, 6 refills is not medically necessary. The California MTUS states that non-tricyclic antidepressants have been shown to be effective in relieving neuropathic pain of different etiologies. While it is shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that it is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to Tricyclics or SNRIs. The submitted documentation lacked the efficacy of the medication. It was not indicated in the submitted report if the medication was helping the injured worker with any functional deficits. Furthermore, there was no indication of the injured worker having trialed and failed any first line therapies. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.