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| Case Number: | CM14-0125578 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 03/25/2009 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Family Medicine 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:

Injured worker was a 41-year old male whom experienced a fall at work on 03/25/09. His surgical history included an anterior lumbar interbody fusion L4-5 and L5-S1 and subsequent posterior fusion augmentation on 06/15/10. Previous medical treatment included chiropractic care, epidural steroid injections, and psychotherapy. Current medication regime consists of Norco, Robaxin, Prilosec, Celexa, and Docuprene. Electromyography/nerve conduction velocity (EMG/NCV) studies were done 05/14/12 showed acute and chronic changes in the L5-S1 myotome consistent with a left L5-S1 radiculopathy. There was a lumbar CT scan performed 06/26/12 which was consistent with degenerative changes and the previous L3-4 disc space fusion. The worker was reevaluated for a peer review 06/04/14 and was prescribed one refill of Celexa 20 mg, quantity 60, for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #60 3-6 month authorization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Forest Pharmaceuticals (February 2005), Celexa (Citalopram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary; Celexa; per ODG website.

Decision rationale: Celexa is an SSRI antidepressant which is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. (See MTUS for full text, pages 108-08.) There is no documentation that claimant is suffering from depression so the request is not medically necessary and appropriate.