

Case Number:	CM14-0135971		
Date Assigned:	09/03/2014	Date of Injury:	01/29/2010
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/23/2014

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 Occupational 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:

The patient is a 37-year-old female who has submitted a claim for carpal tunnel syndrome and right shoulder, thoracic spine, low back and neck pain associated with an industrial injury date of January 9, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder, thoracic spine, low back and neck pain that was of intensity 5/10, 6-7/10 and 10/10 with medication, on the average and at her worst. No recent physical examination was provided. Treatment to date has included medications (Norco, Ibuprofen, and Bio freeze), chiropractic and physical therapy. Utilization review from August 6, 2014 denied the request for Celebra 20mg because the patient did not have any described psychological complaints and there was no documentation regarding any benefits obtained with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEXA 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitor Page(s): 16.

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, citalopram (Celexa) is a selective serotonin reuptake inhibitor that belongs to a class of antidepressants. It has been suggested that its role is in addressing psychological symptoms associated with chronic pain. In this case, patient did not have any psychological symptoms mentioned in the records. There is no clear indication for provision of citalopram at this time. Furthermore, the request failed to specify the quantity to be dispensed. Therefore, the request for CELEXA 20MG is not medically necessary.