

Case Number:	CM14-0165752		
Date Assigned:	10/10/2014	Date of Injury:	07/20/2000
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 58-year-old male with an injury date of 07/20/2000. According to the 09/04/2014 progress report, the patient complains of having neck pain, which has been aching, constant, and frequently sharp. He also has numbness and tingling in his left forearm and hands, which has worsened in the last week. He now has constant numbness in his thumb and index finger. The patient's thoracic muscles and cervical paraspinal muscles were tight and tender. The patient's diagnoses include the following: 1. Neck pain. 2. Spasm of muscle. 3. Paresthesia. 4. Nonallopathic lesions, cervical region. 5. Nonallopathic lesion, thoracic region. 6. Nonallopathic lesions, rib cage. 7. Nonallopathic lesions, upper extremities. The utilization review determination being challenged is dated 09/24/2014. Treatment reports were provided from 04/17/2014 - 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 13-15,.

Decision rationale: Based on 09/14/2014 progress, the patient complains of having neck pain, numbness/tingling in his left forearm and hand, and numbness in his thumb and index finger. The request is for citalopram 20 mg, #30. MTUS Guidelines page 13-15 states that "the main goal of SSRIs may be in addressing psychological symptoms associated with chronic pain." The provided reports indicate that the patient does have worsening chronic pain but no psychological symptoms are reported. The treater does not discuss why this medication is prescribed and in what way it is helping the patient. MTUS require recording of pain and function when medications are used for chronic pain. Therefore, Citalopram 20 mg, QTY: 30 is not medically necessary.