MAXIMUS Federal Services

Case Number:	CM14-0218696		
Date Assigned:	01/08/2015	Date of Injury:	01/09/2013
Decision Date:	03/05/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 31 year old male patient who sustained a work related injury on January 9, 2013. He sustained the injury while he was picking up a palm tree with a coworker and experienced a sudden pain in his mid and lower back with radiation of the pain down both legs. The diagnoses include sacrococcygeal arthritis and depressive disorder not elsewhere classified. Per the doctor's note dated 10/14/2014, he had complaints of pain of the lumbar spine at 8/10. The treating physician noted the pain to be a myofascial condition. The treating physician noted that he would like the injured worker to have a lumbar spine consultation but his expectations regarding a surgical outcome for the injured worker were low. No objective physical examination was noted. The current medications include Lidoderm 5% Patch, Citalopram Hydrobromide, Paxil, Tramadol, Relafen and Cyclobenzaprine. Per the QME evaluation dated June 10, 2014 an MRI of the lumbar spine showed minimal spondylosis superimposed on congenitally short pedicles. He has had physical therapy visits, chiropractic visits and acupuncture visits for this injury. The treating physician requested Citalopram Hydrobromide 10 mg # 30 and a lumbar spine consultation time's one. Utilization Review evaluated and denied the requests on December 29, 2014. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, Chapter 7, the medical necessity of the requests was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram Hydrobromide 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): Page 107.

Decision rationale: Request: Citalopram Hydrobromide 10mg #30
According to the cited guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain."A detail clinical and psychological evaluation for anxiety or depression is not specified in the records provided. Response to other treatment for pain is not specified in the records provided. Response of the pain or depression with and without this medication is not specified in the records provided. In addition, the patient's medication list includes paxil (paroxetine), which is also a SSRI. A detailed response to that medication and the rationale for an additional SSRI was not specified in the records provided. The medical necessity of Citalopram Hydrobromide 10mg #30 is not fully established for this patient.

Lumbar spine consultation x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: Lumbar spine consultation x 1
Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."Per the records provided patient had lumbar spine pain. Detailed recent clinical evaluation of the lumbar spine is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Diagnostic study reports with significant abnormalities are not specified in the records provided. Evidence of a complex diagnosis or uncertain diagnosis is not specified in the records provided. The medical necessity of Lumbar spine consultation x 1 is not fully established for this patient at this juncture.