

<b>Case Number:</b>	CM15-0014108		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 a 60 year old male, who sustained an industrial injury on June 9, 2010. He has reported an injury after being thrown off a forklift. The diagnoses have included major depressions, primary insomnia and male erectile disorder. Treatment to date has included psychological counseling and medication. Currently, the injured worker reports that he is feeling less depressed while on medication. He reported feeling less frustrated and less irritated and ore calm while on medication. The evaluating provider continued the injured worker's Celexa and Xanax. On December 29, 2014 Utilization Review non-certified a request for Celexa 25 mg #45, noting that there is no quantifiable, measurable objective benefit with the use of Celexa. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of Celexa 25 mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 25mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; SSRIs (selective serotonin reupt. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, SSRIs (selective serotonin reuptake inhibitors); Pain Chapter, Antidepressants for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Epocrates, Celexa monograph  
<https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=496>

**Decision rationale:** Celexa (citalopram) is a selective serotonin reuptake inhibitor (SSRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%); Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. MTUS additionally states concerning SSRIs and pain Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The treating physician documents the the patient is diagnosed with major depression and anxiety. Celexa is FDA approved for those diagnosis. In addition, the treating physician documents that the patient feels less depressed while on Celexa. As such, the request for Celexa 25mg #45 is medically necessary.