

Case Number:	CM15-0113754		
Date Assigned:	06/22/2015	Date of Injury:	01/24/2014
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 63 year old female patient, who sustained an industrial injury on January 24, 2014. She reported fall injuring her right side. She reports a fall at home on May 7/2015 and increased pain resulting from it. The diagnoses include sciatica, hip joint replacement, foot drop, trochanteric bursitis, lumbar disc disease and right shoulder, elbow, wrist and knee injury. Per the progress note dated May 8, 2015 she had complains of back and right hip pain. Physical examination revealed tenderness over the right shoulder, axillary, rib, elbow, wrist, knee and back; swelling of the wrist, knee and leg and decreased lumbar range of motion (ROM). Per the note dated 4/24/15, she was depressed and the diagnoses include situational depression. The medications list includes coreg, celexa, celebrex, tramadol, aspirin, vitamin, flexeril, prednisone, lisinopril, diltiazem and percocet. She has undergone right total hip arthroplasty on 11/19/2014. She has had EMG/NCS of the lower extremities dated 4/7/2015 with normal findings; pelvis MRI dated 2/19/2014; lumbar MRI dated 2/10/2014 which revealed multilevel degenerative changes. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version) Official Disability Guidelines, Mental Illness & Stress Chapter (Online Version) Official Disability Guidelines, Mental Chapter (Online Version).

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

Decision rationale: Citalopram 20mg #30. Celexa contains citalopram which is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines, SSRIs (selective serotonin reuptake inhibitors) are. 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. Per the note dated 4/24/15, she was depressed and diagnoses include situational depression. Citalopram is recommended to address psychological symptoms associated with chronic pain. The request for Citalopram 20mg #30 is medically necessary and appropriate for this patient.