

<b>Case Number:</b>	CM15-0118055		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old male, who sustained an industrial injury on 8/21/08. The injured worker was diagnosed as having major depressive disorder single episode moderate, major depressive disorder single episode severe without psychotic features, and chronic major depressive disorder affecting interstitial cystitis, colitis, and postural orthostatic tachycardia. Treatment to date has included psychosocial therapy and medications including Celexa and Lorazepam. Currently, the injured worker complains of dysphoric mood and insomnia. The treating physician requested authorization for Citalopram 10mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 10 mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the Official Disability Guidelines, antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. The patient has been taking Citalopram for at least as far back as four months and has reported functional improvement. At present, based on the records provided, and the evidence-based guideline review, the request is certified. I am reversing the previous utilization review decision. Citalopram 10 mg #180 is medically necessary.