

<b>Case Number:</b>	CM15-0127344		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: North Carolina  
 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:

The injured worker is a 25-year-old female, who sustained an industrial injury on September 25, 2012. She reported a head injury and was diagnosed with a contusion of the head. Treatment to date has included modified duty, MRI of the brain, electroencephalogram, neuroophthalmologist evaluation, and medications. Currently, the injured worker complains of headache, neck pain and back pain. She reports that Flexeril helps with her back pain. On physical examination, the injured worker had no agitation or anxiety. She had normal orientation and memory. Her neurological examination was within normal limits. She exhibited tenderness to palpation over the cervical spine, the thoracic spine and the lumbar spine. The diagnoses associated with the request include chronic post-traumatic headache. The treatment plan includes continuation of citalopram, cyclobenzaprine, nortriptyline, OxyContin, and sumatriptan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 40mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI  
Page(s): 16.

**Decision rationale:** The California MTUS section on SSRI states: 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 requested medication is not a first line agent in the treatment of neuropathic pain. The provided clinical documentation does not show failure of first line antidepressant in the treatment of pain. Therefore, the request is not medically necessary.