

Case Number:	CM15-0172568		
Date Assigned:	09/14/2015	Date of Injury:	09/28/2012
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male worker who was injured on 9-28-2012. The medical records reviewed indicated the injured worker (IW) was treated for osteoarthritis not otherwise specified of the lower leg; pain in joint of lower leg; chronic pain syndrome; and sleep disturbance not otherwise specified. The progress notes (4-28-15 to 7-23-15) indicated the IW had right knee pain radiating to the right calf rated 6 out of 10. He received Orthovisc injections on 4-28-15, 6-9-15 and 6-23-15, which did not improve his pain or motion. He stated his knee locked twice in recent weeks. Medications were Tramadol, Gabapentin and Celexa (since about 6-2015). Medications were helpful. He was on modified duty. On physical examination (6-23-15 and 7-23-15) range of motion was limited to "90 degrees flexion and 120 to 130 degrees extension" due to pain. The lateral and medial joint lines and patella were tender to palpation. Right knee flexor strength was 2 to 3 out of 5 and extensor strength was 3 out of 5; otherwise, motor strength was 5 out of 5 bilaterally. Another provider recommended the IW continue the Celexa and he was to begin cognitive behavioral therapy. A Request for Authorization dated 7-23-15 was received for Celexa 20mg, #30. The Utilization Review on 7-31-15 modified the request for Celexa 20mg, #30, to allow #20 as it is recommended only for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for right lower extremity pain. The claimant was seen for a psychological evaluation in December 2014 with a diagnosis of major depressive disorder. In May 2015 Celexa was prescribed and had been recommended after a psychiatric evaluation in February 2015. When seen, he was having right knee pain radiating to the. Medications were helping and were being well-tolerated. He was having symptoms of depression. Physical examination findings included morbid obesity. There was an antalgic gait without use of an assistive device. There was decreased and painful right knee range of motion with joint line and patellar tenderness. There was decreased right lower extremity strength due to pain and decreased right lower extremity sensation. Extended release tramadol, gabapentin, and Celexa were prescribed. In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) such as Celexa, because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. In this case, the claimant has a diagnosis of major depressive disorder with symptoms of depression and continued prescribing of an antidepressant is medically necessary.