

Case Number:	CM14-0141939		
Date Assigned:	09/10/2014	Date of Injury:	12/31/1999
Decision Date:	10/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California & Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 31 pages of medical and administrative records. The injured worker is a 61 year old male whose date of injury is 12/31/1999. His diagnoses are low back pain sprains/strain, bilateral knee strain, and osteoarthritis of both knees. There is a PR2 of 03/06/14 indicating that the patient was concerned that his diabetes medication had not been renewed. Pain was controlled with MS contin and Norco, he had begun Celexa treatment that day. A PR2 of 06/18/14 shows that the patient's left hip pain and arthritis were worse, and low back pain radiated to the front of the hip. He needed more medications to control pain, and others to control his diabetes. He reported poor sleep due to pain and limited function. He reported no side effects from medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram HBR (Celexa): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants, Selective Serotonin Reuptake Inhibitors Page(s): 16 OF 127.

Decision rationale: Citalopram is an antidepressant in the class selective serotonin re-uptake inhibitors. There is one reference in records provided for review showing that the patient started citalopram around 03/06/14. No symptoms or diagnoses were described which would correspond to the use of citalopram, on that date or going forward. As such, this request is not medically necessary.