

Case Number:	CM14-0008906		
Date Assigned:	02/14/2014	Date of Injury:	05/05/2003
Decision Date:	11/25/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/23/2014

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. 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, Florida, 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 52 year old male, who sustained an industrial injury on 05-05-2003. He has reported injury to the neck and low back. The diagnoses have included cervical disc degeneration; brachial neuritis or radiculitis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, cognitive behavioral therapy, surgical intervention, and home exercise program. Medications have included Norco, Naproxen, Neurontin, Celexa, Xanax, and Ambien. A progress report from the treating provider, dated 10-17-2013, documented an evaluation with the injured worker. The injured worker reported that he continues to have pain in the cervical spine that radiates into the head and down in the mid back; the average pain level is rated at 4 out of 10 in intensity; he receives 70 percent relief of his symptoms on his current regimen; he has had two sessions of cognitive behavioral therapy; he is learning additional methods of controlling his pain flares; he remains stable on his medication regimen; and it allows him to walk longer distances, sit for a longer period of time, and perform his home exercise program. Objective findings included the bilateral occipital region is tender to palpation; there are spasms in the paraspinal and bilateral trapezius muscles as well as tenderness in the cervical spinous processes and in between the shoulder blades; range of motion is limited due to discomfort; there is full to limited range of motion of the bilateral upper extremities due to neck pain; and there is decreased grip strength bilaterally. The treatment plan has included the request for Celexa 10 mg #20. The original utilization review, dated 12-20-2013, non-certified the request for Celexa 10 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured now 12 years ago. Celexa has been used for some time. There is mention of cognitive therapy for pain management, but no major depression or DSM-IV matrix for depression or anxiety. The objective functional benefit if used for chronic pain is not documented. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.