

<b>Case Number:</b>	CM14-0033918		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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: 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 53 year-old male who sustained an industrial injury on 03/01/07. Initial diagnoses are not available. Current diagnoses include major depressive disorder, generalized anxiety disorder, insomnia, and other pain disorders related to psychological factors. Treatment to date has included left forearm surgery, psychiatric care, symptomatic medication management, and group therapy. In an available progress note dated 10/07/13 the injured worker complains of pain in his left arm from surgery, and neck pain. He has a burning sensation in his mouth, and has difficulty controlling his emotions, impulses, communicating, and making decisions. He feels sad, tired, irritable, fearful, nervous, restless, anxious, and depressed. He has loss of interest in usual activities, feels helpless, and has trouble with memory, fears of the worst happening, sleep difficulties, and nightmares. He reports intrusive recollection related to his industrial accident, decreased sexual desire, headaches, and gastrointestinal problems. Objective findings are remarkable for sad/anxious mood, and restless with body tensions. Treatment plan is group psychotherapy, relaxation training, continue treatment plan, and psychiatric evaluation. Requested treatments include citalopram 40mg #30 RPT (1), Salagen 10mg #90, and Prilosec 10mg #30. The injured worker's status is not available. Date of Utilization Review: 03/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 40mg #30 RPT (1): Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, celexa.

**Decision rationale:** The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of depression and anxiety. The provided records show the patient to have significant depression symptoms and anxiety. Therefore the medication is medically necessary and the request certified.

**Salagen 10mg #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, salagen.

**Decision rationale:** The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of dry mouth. The patient has described burning sensation but not a documented diagnosis of dry mouth. Therefore the request is not medically necessary.

**Prilosec 10mg #30: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, prilosec.

**Decision rationale:** The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicate din the treatment of GERD, dyspepsia and peptic ulcer disease. The provided records show the patient to suffer from dyspepsia. Therefore the requested medication is medically necessary and the request is certified.