

Case Number:	CM14-0155543		
Date Assigned:	09/25/2014	Date of Injury:	11/26/2002
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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:

The injured worker is a 62-year-old male who has submitted a claim for major depressive affective disorder associated with an industrial injury date of 11/26/2002. Medical records from 11/29/2004 up to 8/29/2014 were reviewed showing that the injured worker is frustrated because all of his medications are being denied. He experiences difficulty sleeping and has been feeling depressed and anxious. He does not come out of the house very often. He takes daytime naps and he used to enjoy watching TV and reading but is unable to do that to an extent anymore. He has feelings of hopelessness and has low energy. His concentration is poor, has a good appetite, and denies suicidal ideations. He continues to have sexual side effects due to his depression. He was on Wellbutrin but switched to Brintellix because of the following side effects: more anxiety, irritability, and insomnia. He said that Brintellix has helped him to a certain extent. Mental status examination revealed that his mood was depressed, had constricted affect, had linear thought process, and had fair cognition, insight, and judgment. Thought content was devoid of any suicidal ideations. Treatment to date has included Brintellix 10mg (since 4/30/2014), Trazodone, Cialis, and supportive therapy. Utilization review from 9/11/2014 modified the request for Brintellix 10 Mg #30 to #15 to initiate weaning. The documentation failed to provide assessment and treatment efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10 Mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants.

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

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines "Selective Serotonin Reuptake Inhibitors (SSRI) has been suggested in addressing psychological symptoms associated with chronic pain." More information is needed regarding the role of SSRIs and pain. In this case, the injured worker has been taking Brintellix since 4/30/2014. He claims that it has helped him to a certain extent. The injured worker is frustrated because all of his medications are being denied. He experiences difficulty sleeping and has been feeling depressed and anxious. Mental status examination revealed that his mood was depressed, had constricted affect, had linear thought process, and had fair cognition, insight, and judgment. Thought content was devoid of any suicidal ideations. It appears that the injured worker is showing psychological symptoms of depression and would greatly benefit from the use of SSRIs. Therefore, the request for Brintellix 10 Mg #30 is medically necessary.