

<b>Case Number:</b>	CM14-0042440		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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:

This is a 49-year-old male with a 3/26/08 date of injury, after his neck and head became trapped between the control panel of a scissors lift and an I-beam. He sustained crush injuries to his neck and laryngeal areas as well as the side of the head. He was noted to have considerable financial and other stressors since the injury as the patient has not been able to go back to work and has been in chronic pain. He had 4 psychotherapy sessions from 4/25/12 to 8/15/12 and a psychiatric consult was recommended at that time for difficulty with adaptive functioning. He was seen on 5/14/13 for a psychiatric consult and at that time the patient complained of nightmares and fear of dying and depression. His mental status exam revealed a depressed mood and constricted affect. There was no suicidal or homicidal ideation at the time. His Cymbalta was discontinued and he was started in Hybrid, Ambien, and Viagra for erectile dysfunction. It was recommended he have ongoing psychiatric care. He was noted to have 6 more psychotherapy sessions from 5/6/13 to 7/16/13. A progress note dated 12/14/13 stated the patient had been placed on Effexor 75 mg daily for depression, which he thought was helpful but not strong enough, so his dose was doubled. He had 5 more therapy sessions from 10/16/13 to 12/5/13 however a progress note dated 12/13/13 stated his depressions and anxiety were ongoing with no improvement. He was noted to be disabled due to his depression, and the provider stated the patient appeared to have a treatment resistant depression. The patient was seen on 5/26/14 with complaints of severe pain in the right shoulder, as well as feeling very depressed and having difficulty sleeping. It was noted that the patient had been given some free samples of Brintillex, which he found helpful in conjunction with the Effexor. The diagnosis is ongoing posttraumatic disorder with ongoing anxiety and depression. Treatment to date: medications, psychotherapy An adverse determination was received on 4/1/14 given the patient had not been referred to a specialist in psychopharmacology for evaluation and management of his psychiatric symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Brintellix 10 MG Quantity 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines (page 13-14) Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Antidepressants).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. MTUS also states that a course of antidepressants may be helpful to alleviate symptoms of depression. Brintillex is an SSRI. The patient has been on Effexor, an SNRI (serotonin and norepinephrine reuptake inhibitor) since May of last year. His dose was doubled and he had ongoing psychotherapy however there was concern that the patient had treatment resistant depression, although the patient did notice an improvement with Effexor. The patient most recently added Brintillex to his drug regimen, which he noted to be helpful with regard to his depression. While this patient's case seems to be complex and prior psychiatric notes suggest the patient is disabled due to his psychiatric issues, an SSRI in conjunction with an SNRI is not contraindicated and in many cases of treatment resistant depression the patient requires a combination of medications. The prior reviewer suggested a psychiatrist manage this patient's psychopharmacologic drugs, and his complex refractory psychiatric issues reflect this. However, as the patient has already started the medication and has had a positive effect, discontinuing this medication now could severely impact this patient's psychiatric issue. A one month trial is reasonable; however future requests should contain the entire patient's psychiatric medications, dosages, whether they are helpful, and objective findings in terms of a mental status exam. Therefore, the request for Brintillex was medically necessary.