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| Case Number: | CM14-0078076 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/26/2002 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 and is licensed to practice in 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:

The injured worker is a 62 year old male with a concomitant depression following an injury on 11/26/02, a joint arthrodesis and a nonunion. He has been in psychiatric treatment including pharmacotherapy, but has complained that his visits and medications have been frequently delayed or denied. He has had suicidal ideations from time to time as well as most vegetative symptoms. The report from the treating physician tends to confirm the erratic nature of medical coverage for mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (Web), 2013, Mental Illness & Stress, Antidepressants for treatment of MDD (Major Depressive Disorder).

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

Decision rationale: The injured worker was placed on this medication because of a spectrum of symptoms of depression. The dose of 150 mg/day is within the therapeutic range. There is an

unclear presumption that based upon agitation at a dose double this size; Wellbutrin would be discontinued if/when Brintellix were to begin. Transitions such as this typically are gradual. They frequently involve the use of both drugs concomitantly, sometimes as a transition and sometimes chronically. As the transition appears to be at the early stages, to limit the amount of Wellbutrin to less than a month is not a clinically effective strategy. A previous denial was based upon a misinterpretation of the indications for Bupropion. The prior denial stated that this drug is recommended for insomnia with depression. The denial seemed to also allude to the injured worker's agitation as a contraindication to the use of Bupropion. Bupropion is an Aminoketone antidepressant. It is indicated for the treatment of major depressive disorder, which fits this injured worker's symptom picture. Therefore, the service under review is medically necessary.

Brintellix 10mg #23: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (Web), 2013, Mental Illness & Stress, Antidepressants for treatment of MDD (Major Depressive Disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15.

Decision rationale: Although Brintellix is not specifically addressed in the Chronic Pain Medical Treatment Guidelines, the use of Selective Serotonin Reuptake Inhibitors (SSRI) is. As noted in the Chronic Pain Medical Treatment Guidelines, SSRIs play a significant role in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. In this case the objective in using an SSRI is not to control pain but to assist in dealing with the concomitant mood disorder. As Brintellix is a SSRI, it would be considered appropriate for the treatment of a major depression. In this case, the history indicates failure on several generically available antidepressants prior to the decision to use this newer form of SSRIs. It is presumed from a review of the medical record that the drug is being initiated in the presence of the more dopaminergic and adrenergic antidepressant, Wellbutrin. It is well established that medications such as Brintellix may require a titration of dosing and that a therapeutic response may take 2-6 weeks. The previous denial did not take into account the time necessary to determine a therapeutic response. Therefore, the partial certification does not allow for a sufficient quantity of medication. Based upon the history in the records provided, the prescribing of 23 tablets of Brintellix 10 mg is medically necessary.