

Case Number:	CM14-0206481		
Date Assigned:	12/18/2014	Date of Injury:	08/27/2007
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 46-year-old woman who sustained a work related injury on August 27, 2007. The patient was diagnosed with generalized anxiety disorder and cognitive disorder. A psychiatric consultation report dated July 3, 2014 documented that the patient is having trouble managing detailed work. She continued to suffer with anxiety. On examination, she was not displaying over deficits related to her stroke. Her speech was normal and she reported that her blood pressure was well controlled. She no longer has claw hand. According to a progress report dated November 4, 2014, the patient stated that psychotherapy focused on management of sleep disturbances and her organization at home/work. The patient appeared overwhelmed with worries about work and with her home being more disorganized. The provider requested authorization for Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg: 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), Antidepressants; www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Brintellix is an atypical anti depressant requested by the provider to treat the patient pain and depression. However the patient is also on Lexapro another atypical anti depressant and there is no controlled studies supportng that the combination of these 2 drugs is synergic or more effective than the prescription of one of these drugs as a monotherapy. Therefore the request for Brintellix 10mg is not medically necessary.