

<b>Case Number:</b>	CM15-0101965		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male, who sustained an industrial injury on 8/17/05. The injured worker has complaints of struggling with insomnia and panic attacks. The documentation noted on 4/28/15 that the injured worker was little less depressed since adding brintellix. The documentation noted that the injured worker was disoriented to the exact date or day of the week, he was disheveled, not bathed, obese, blunted affect, soft and slow speech, psychomotor retardation and depressed mood. The documentation noted that the injured worker presented with psychomotor slowing in the context of poor sleep. The diagnoses have included major depressive disorder and pain disorder. Treatment to date has included brintellix; quetiapine; alprazolam; bupropion; nuvigil and fluoxetine. The request was for brintellix 20 mg #30 with 7 refills and alprazolam 1 mg #90 7 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brintellix 20 mg #30 with 7 refills:** 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, mental illness and stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Brintellix, with similar action as a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression as for this chronic injury; however, submitted reports are without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs. The patient has been prescribed the medication without any significant functional improvement derived from treatment already rendered. The Brintellix 20 mg #30 with 7 refills is not medically necessary and appropriate.

**Alprazolam 1 mg #90 7 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam 1 mg #90 7 refills is not medically necessary and appropriate.