

<b>Case Number:</b>	CM15-0135117		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 09/10/2012. Mechanism of injury when turning a patient she injured her back. Diagnoses include lumbar musculoligamentous sprain-strain with bilateral lower extremity radiculitis-right side greater than left, cervical-trapezial musculoligamentous sprain-strain with bilateral upper extremity radiculitis, and psychiatric complaints. There was an incidental finding of marked enlargement of the thyroid gland with multiple masses per Magnetic Resonance Imaging of the cervical spine done on 02/27/2013. Treatment to date has included diagnostic studies, medications, trans-facet epidural steroid injection, use of an interferential unit, home exercises, status post right shoulder surgery on 10/22/2014, and physical therapy. There is an unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 10/22/2012 that revealed disc bulges with central canal narrowing at the L2-L3 and L4-L5 facets. A cervical spine Magnetic Resonance Imaging done on 02/27/2013 revealed multiple levels of disc protrusion with mild central canal stenosis, no cord compression. A physician progress note dated 06/02/2015 documents the injured worker has neck pain with radiation to her bilateral hands along with numbness and tingling. She rates her pain as 8-9 out of 10 which is moderate, constant, dull, sharp, and aching and soreness. There is restricted cervical range of motion. There is tenderness with palpation to the paravertebral muscles and she has trapezius spasms. Pain with her medications is 4-5 out of 10 and without medications her pain is 5-9 out of 10. With her medications she is able to perform ADLs, improved participation in her home exercise program, and she has improved

sleep. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Brintellix 20mg #30, and Trazodone 50mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Brintellix 20mg #30: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was no documentation found in the notes provided for review which described the reason this worker was prescribed Brintellix, although there was report of the worker having pain at night causing insomnia. If the worker was using this medication at the time of this request, there was no record of such, nor was there reporting found regarding how effective Brintellix was for this worker. Therefore, without an indication and report on benefit with use, the Brintellix is not medically necessary at this time.

#### **Trazodone 50mg #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, Trazodone.

**Decision rationale:** The MTUS is silent in regards to trazodone use. The ODG, however, states that is recommended as an option to treat insomnia, but only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. Other therapies should be recommended before considering trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. In the case of this worker, there was record of the

worker experiencing pain at night leading to insomnia. However, there was no record to state that this medication was being used or was being recommended to help treat this insomnia or if it was for another indication. Also, if the worker had been already using trazodone regularly, there was no report found in the documentation describing the benefit of its use to help justify its continuation. Therefore, without a clear and specific indication stated in the notes for this medication and evidence of benefit, the trazodone is not medically necessary at this time.