MAXIMUS Federal Services

Case Number:	CM15-0139457		
Date Assigned:	07/29/2015	Date of Injury:	09/09/2009
Decision Date:	09/22/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 09-09-2009 after a fall from a ladder and injuring his spine, hip, and shoulder. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic left shoulder pain status post left shoulder surgery, chronic left lower extremity pain with complex fracture of the left femur status post two surgeries, left groin pain, left sided neck pain, and major depressive disorder. Treatment and diagnostics to date has included left shoulder surgery, left femur surgeries, Synvisc injections to bilateral knees, urine drug screen, psychiatric treatment, and medications. In a progress note dated 06-05-2015, the injured worker presented for a regular psychiatric follow up visit. The physician noted that the injured worker was given samples of the Brintellix at his last visit and that the injured worker's mood had improved, was feeling less depressed, and sleep had improved. It was also noted though that the injured worker's sleep was still a broken sleep, he does not enjoy anything, continues with low energy, has poor concentration, has an increased appetite (weighing 330 pounds), and has psychomotor agitation. The treating physician reported requesting authorization for Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintelix 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/:Antidepressants for major depressive disorder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2009 after a fall from a ladder. There is chronic left shoulder pain status post left shoulder surgery, chronic left lower extremity pain with complex fracture of the left femur post two surgeries, left groin pain, left sided neck pain, and major depressive disorder. There is mention of past psychiatric treatment. The patient was given samples of Brintellix, and felt somewhat better with improved sleep. There were no diagnostic criteria presented however under DSM-IV or V to affirm a diagnosis of major depression. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. There were no diagnostic criteria presented however under DSM-IV or V to affirm a diagnosis of major depression. Moreover, if there is depression, it is not clear why a more legacy antidepressant is not used. The request is appropriately not medically necessary.