

Case Number:	CM15-0144270		
Date Assigned:	08/05/2015	Date of Injury:	08/09/2006
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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 44-year-old female patient who sustained an industrial injury on August 09, 2006. A recent examination dated March 30, 2015 reported subjective chief complaint of depressed mood with anhedonia and loss of libido; impaired concentration and memory; increased appetite and weight gain, poor self-esteem, low energy, fatigue, irritability and anger, hopelessness and helplessness, anxiety with somatic autonomic symptoms, delusions, episodic suicidal ideation without a plan or intent to kill or hurt self, and worthlessness. Of note, the Cymbalta was increased to 60 mg by the primary care doctor. She has also re-started individual therapy sessions. The assessment found the patient with major depressive disorder, single episode, moderate, anxiety disorder, not otherwise specified; diagnoses deferred on axis II; chronic pain; physical injury, financial hardship, current. The plan of care noted continuing with Cymbalta, discontinue the Trazadone, start Doxepine 10 mg, continue individual cognitive behavioral psychotherapy for depression and anxiety, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug.com, Epocrates.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This patient presents with chronic pain and depression. The current request is for Brintellix 5mg #30. The RFA is not provided in the medical file. Treatment history includes medications and psychological therapy. The patient is not working. The MTUS Chronic Pain guidelines page 107 on SSRI selective serotonin reuptake inhibitors states that it is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors is a class of antidepressants that inhibit serotonin reuptake without action on nor adrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs maybe in addressing psychological symptoms associated with chronic pain. Per report 07/02/15, the patient presents with chronic low back pain with muscle spasms and radiculopathy, right more than left. The patient also has a history of depression and anxiety. The patient is utilizing Oxycontin with noted positive results including increase in function and decrease in pain. The patient suffers from major depressive disorder and moderate anxiety disorder secondary to chronic pain. The treater states that the patient has failed bupropion and Duloxetine, as they did not help with her pain-induced depression. This is an initial request for Brintellix. Given the patient's diagnoses, a trial of the medication Brintellix is reasonable and supported by MTUS. This request is medically necessary.