

<b>Case Number:</b>	CM15-0180100		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Emergency 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 51 year old female who sustained an industrial injury on 09-24-10. A review of the medical records reveals the injured worker is undergoing treatment for major depressive disorder and pain disorder. Medical records (07-23-15) reveal the injured worker has an infection status post knee replacement and needs another procedure. She reports increased anxiety since running out of Brintellix samples last week. The physical exam reveals no tears, constricted range of affect, and more spontaneous speech. Treatment has included knee replacement, psychotherapy, and medications. The original utilization review (08-14-15) non certified the request for Brintellix 10 mg #120. Documentation from 4/15/15 states that patient had side effects from prior SNRIs. Patient is apparently on a trial of Brintellix and was being weaned from Bupropion. Patient has chronic pain, sleep issues and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brintellix 10mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress: Antidepressants.

**Decision rationale:** As per MTUS Chronic pain guidelines, antidepressants are primarily effective in patients with neuropathic pain but may be recommended in patients with chronic pain with depression. As per MTUS guidelines, primary antidepressants recommended as first line are tricyclic antidepressants for pain but others may be considered. Brintellix is an atypical antidepressant that was only recently approved for sale. Patient noted to have failed several classes of antidepressants. A trial of Brintellix may be considered but the number of tablets is not consistent with a trial with a need for reappraisal. Brintellix with #120 tabs is not medically necessary.