

Case Number:	CM15-0193903		
Date Assigned:	10/07/2015	Date of Injury:	05/13/2005
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 York, West Virginia, Pennsylvania
 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 71-year-old female who sustained an industrial injury on 5-13-2005. Diagnoses have included lumbar spondylosis without myelopathy and chronic lumbosacral pain, and the note 8-14-2015 states she has been suffering from "significant anxiety." Documented treatment for lumbar diagnoses includes a TENS unit, physical therapy, and medication including hydrocodone, Pennsaid, Terocin, Capsaicin, Lidoderm, and Lidopro with "significant benefit helping her avoid medications with side effects," and it is noted she has "tried and failed gabapentin, duloxetine, Tri-Cyclic and SNRI antidepressant medications, and Lyrica," due to GI side effects. At the 8-14-2015 visit, the physician notes the injured worker's anxiety and provides samples of Brintellix "on a trial basis." The plan of care includes a request for Brintellix 10 mg. #30, but this was denied on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10 mg QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Guidelines state that SSRIs are not recommended as a treatment for chronic pain but may have a role in treating secondary depression. Brintellix is indicated for the treatment of major depressive disorder. In this case, the patient suffers from depression due to pain and is maintained on compazine. Medical records did not contain documentation regarding the patient's current mental status and severity of depression. Thus, the request for Brintellix 10 mg #30 is not medically appropriate and necessary.