MAXIMUS Federal Services

Case Number:	CM15-0196900		
Date Assigned:	10/12/2015	Date of Injury:	06/07/2000
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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 61 year old female, who sustained an industrial-work injury on 6-7-00. A review of the medical records indicates that the injured worker is undergoing treatment for De Quervain's tendonitis, long term use of analgesics, opiate high risk and chronic pain syndrome. Treatment to date has included pain medication, exercise, walking, diagnostics, and other modalities. Medical records dated (3-13-15 to 8-31-15) indicate that the injured worker is on chronic opiate analgesics for pain management and now in tapering mode. The physician indicates that she has depression aggravated by chronic pain, sleep disorder, Complex regional pain syndrome (CRPS) of the right upper extremity. The physician indicates that crying episodes and depression have decreased with increased activity and with medication. With current medications the pain has decreased by over 50 percent. Brintellix will be prescribed to reduce pain induced depression, Hysingla ER will be reduced, and Norco will be as needed for break through pain, Lidocaine liquid, Topiramate, Duloxetine and Cyclobenzaprine. The medical records also indicate that the activities of daily living (ADL) are stable with current medications. The physical exam dated 8-31-15 reveals that she was in severe pain, right arm was held close to the body in a very guarded position. There was decreased range of motion in the right shoulder and Finkelstein's was mild. The sensation was reduced in the ulnar nerve distribution of the right hand. Radial hyperpathia was moderate at the right wrist and the right hand was no longer colder than the left. The request for authorization date was 8-31-15 and requested service included Brintellix 5 mg Qty 30, for reported depression due to pain during the weaning process. The

original Utilization review dated 9-11-15 non-certified the request for Brintellix 5 mg Qty 30, for reported depression due to pain during the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 5 mg Qty 30, for reported depression due to pain during the weaning process: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Based on the 7/22/15 progress report provided by the treating physician, this patient presents with right upper extremity pain, and difficulty sleeping. The treater has asked for Brintellix 5 mg qty 30, for reported depression due to pain during the weaning process on 8/31/15. The patient's diagnoses per request for authorization dated 8/31/15 are De Quervain's tendonitis, long term use analgesics, opiate high risk, and chronic pain syndrome. The patient is s/p crying episodes and depression which have decreased with increased activity per 7/22/15 report. The patient has a history of left shoulder rotator cuff repair of unspecified date, and right first dorsal compartment repair, De Quervain's tenosynovitis s/p release, radial nerve release at the wrist per 8/31/15 report. The patient is currently walking daily as tolerated per 8/31/15 report. The patient's work status is not included in the provided documentation. MTUS, SSRI's Section, page 107 states: "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references." Per report dated 8/31/15, the patient presents with focal complex region pain syndrome Type 2 with neuropathic pain in the right wrist and upper extremity. The patient suffers from sleep disorder and depression due to chronic pain. A utilization review letter dated 9/14/15 denies request as the patient is not prescribed tricyclics for depression and SSRI's are approved for treatment of major depressive disorder. The patient does not have a history of using Brintellix or other SSRI's, but was taking Bupropion on 12/8/14 with good effect until all medications were denied on 2/9/15 report. The patient has also had good results with prior use of Nuvigil and Armodafinil per review of reports. Given the patient's diagnoses and her psychological symptoms associated with chronic pain, a trial of the medication Brintellix is reasonable and supported by MTUS. This request is medically necessary.