MAXIMUS Federal Services

Case Number:	CM15-0198331		
Date Assigned:	10/13/2015	Date of Injury:	06/19/2012
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female patient, with a reported date of injury of 06-19-2012. She sustained the injury due to continuous trauma. The diagnoses include major depression disorder, generalized anxiety disorder, and psychosocial stressors. Per the psychiatric progress report dated 08-25-2015 the patient presented for follow-up. The patient stated that she had been feeling better with the medication; and she had benefited from the medication. She stated that her sleep has been much better. The patient continued to have some physical pain that continued to bother her. The medications list includes Brintellix and Seroquel. Treatments and evaluation to date have included Brintellix (since at least 02-2015) and Seroquel (since at least 02-2015). The diagnostic studies to date have not been included in the medical records. The treatment plan included Brintellix one daily and Seroquel, one at bedtime. The request for authorization was dated 08-27-2015. The treating physician requested Brintellix 10mg #30 and Seroquel XR 50mg #30. On 09-09-2015, Utilization Review (UR) non-certified the request for Brintellix 10mg #30 and Seroquel XR 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indications for the vortioxetine.

Decision rationale: Brintellix 10 mg #30. Brintellix contains vortioxetine which is an atypical antidepressant (a serotonin modulator and stimulator). According to CA MTUS guidelines, SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In addition, per the Thompson Micromedex, FDA labeled indication for the vortioxetine includes major depressive disorder. Per the records provided the patient has diagnoses of major depression disorder, generalized anxiety disorder, and psychosocial stressors. The patient had chronic pain with depression and anxiety. Vortioxetine is recommended for patients with depression/anxiety associated with chronic pain. The request for Brintellix 10 mg #30 is medically appropriate and necessary for this patient at that time.

Seroquel XR 50 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/12/15) Quetiapine (Seroquel) Atypical antipsychotics.

Decision rationale: Seroquel XR 50 mg #30. Seroquel contains Quetiapine which is an atypical antipsychotic. ACOEM and CAMTUS do not address this request. Per the ODG guidelines atypical antipsychotic is "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." There is no high grade scientific evidence to support the use of Seroquel for insomnia. Failure of first line medications for the treatment of major depression disorder is not specified in the records provided. The medical necessity of Seroquel XR 50 mg #30 is not established for this patient at this time.