

Case Number:	CM15-0222944		
Date Assigned:	11/19/2015	Date of Injury:	06/20/2006
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 54-year-old female who sustained an industrial injury on 6/20/06. Injury occurred while working [REDACTED]. She was walking around a corner [REDACTED] when she slipped and fell, landing on her left shoulder and right knee. Past surgical history was positive for a 2-level cervical fusion. The 6/3/15 psychological consultation report documented a diagnosis of major depressive disorder, recurrent, severe, without psychotic features, pain disorder associated with psychological factors and a general medical condition, and adjustment disorder with anxiety. Referral to a psychiatrist was recommended for psychotropic medication evaluation and psychological counseling was recommended. The 9/14/15 treating physician report indicated that the injured worker was being treated for neck, right shoulder, and right knee and foot/ankle complaints. She reported difficulty standing and walking due to the right knee injury, which was worsening. She was not working. Right knee exam documented tenderness over the patella, medial and lateral joint lines, pes anserine bursa, range of motion 5-90 degrees, and some crepitation with flexion and extension. She had failed conservative treatment for the right knee including multiple corticosteroid injections, physical therapy, activity modification, and bracing. Imaging showed scarring of the anterior cruciate ligament and minimal chondromalacia with some chronic quadriceps changes. Cervical exam documented cervico-occipital tenderness that increased with neck rotation 20 degrees bilaterally and with extension. Current medications included Lisinopril 20 mg, Fluoxetine HCL 40 mg, Frova 2.5 mg, Sumatriptan Succinate 50 mg, hydromorphone HCL 8 mg, Metoprolol Succinate ER 100 mg, Brintellix 10 mg, Ibuprofen 800 mg, and Diazepam 50 mg. The injured worker had

been taking Brintellix 10 mg per day and found this helpful for control of her mood, with some interval improvement and control of her cognition. Brintellix was requested for depression, anxiety and head injury. Relpax was prescribed for migraines as needed to a maximum of 2 doses, 3 days a week. Authorization was requested for a right knee arthroscopy, Brintellix 10 mg #30 with 2 refills, and Relpax 40 mg #12 with 2 refills. The 10/21/15 treating physician note indicated that she was using Brintellix on a trial basis. She was using Relpax for migraines with good reduction in pain from grade 8/10 to 5/10. The 10/23/15 utilization review certified the request for right knee arthroscopy. The request for Brintellix 10 mg #30 with 2 refills was modified to Brintellix 10 mg #30 with 1 refill based on current documentation of benefit, and to allow for documentation of evidence of objective functional benefit to establish on-going medical necessity. The request for Relpax 40 mg #12 with 2 refills was modified to Relpax 40 mg #12 with 1 refill based on current documentation of pain reduction and better function, and to allow for on-going assessment of efficacy to establish medical necessity of additional use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Food and Drug Administration. Brintellix.

http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/204447s000lbl.pdf.

Decision rationale: The California MTUS guidelines recommend antidepressants, such as Brintellix, as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The FDA has approved Brintellix for treatment of adult major depressive disorder. The mechanism of the antidepressant effect is not fully understood, but is thought to be related to its enhancement of serotonergic activity in the CNS through inhibition of the reuptake of serotonin. Caution is advised when used with triptans, non-steroidal anti-inflammatory drug (NSAIDs), or SSRIs (selective serotonin reuptake inhibitors). This injured worker presents with complaints of depression and anxiety. She has been prescribed Brintellix since June 2015 with reported benefit in controlling her mood and some improvement in cognition. Records indicate that the injured worker is concurrently prescribed triptans, NSAIDs, and a SSRI. These medications are to be used with caution with Brintellix. Records indicate that a referral for psychotropic medication management has been requested. The 10/23/15 utilization review modified the request for Brintellix 10 mg #30 with 2 refills to Brintellix 10 mg #30 with 1 refill. There is no compelling rationale to support the medical necessity of an additional prescription at this time. Therefore, this request is not medically necessary.

Relpax 40 mg #12 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Triptans.

Decision rationale: The California MTUS does not make recommendations relative to triptans, such as Relpax. The Official Disability Guidelines recommend the use of triptans for migraine sufferers, noting that all oral triptans are effective and well tolerated at marketed doses. Caution is advised for patients taking other triptans or SSRIs (selective serotonin reuptake inhibitors). This injured worker presents with a history of cervico-occipital headaches. She reports pain relief with the use of this medication from grade 8/10 to 5/10. Records documented that she had been prescribed another triptan and was using an SSRI. These medications are to be used with caution with Relpax. The 10/23/15 utilization review modified the request for Relpax 40 mg #12 with 2 refills to Relpax 40 mg #12 with 1 refill. There is no compelling rationale to support the medical necessity of an additional prescription at this time. Therefore, this request is not medically necessary.