

Case Number:	CM15-0085302		
Date Assigned:	05/07/2015	Date of Injury:	05/29/2007
Decision Date:	06/09/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male, who sustained an industrial injury on May 29, 2007, incurring back injuries while lifting heavy cases. He was diagnosed with thoracic herniated disc, thoracic sprain, cervical sprain and upper extremity radiculopathy. Magnetic Resonance Imaging of the thoracic spine revealed multilevel degenerative disc disease with disc protrusions, Magnetic Resonance Imaging of the cervical spine was unremarkable. Electromyography studies were abnormal showing spinal radiculopathy. Magnetic Resonance Imaging of the right shoulder revealed tendinitis of the rotator cuff without a tear. His work status remained permanent and stationary disabled. Treatment included physical therapy, pain medications, anti-inflammatory drugs, neuropathy medications, antidepressants and psychological therapy. Currently, the injured worker complained of anxiety, stress and occasional panic attacks secondary to chronic pain. The treatment plan that was requested for authorization included a prescription for Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14 & 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 13-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications. Depression and Other Medical Treatment Guidelines Brintellix (vortioxetine) <https://online.epocrates.com>.

Decision rationale: MTUS 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. Epocrates Monograph Below: Adult Dosing. Dosage forms: 5, 10, 20; Major depressive disorder [20 mg PO qd]; Start: 10 mg PO qd; Info: may decr. to 5 mg PO qd if not tolerated; max 10 mg/day in CYP2D6 poor metabolizers; if receiving 15-20 mg/day, decr. dose to 10 mg/day x7 days to D/C. The patient is diagnosed with depression, anxiety disorder, and chronic pain. The patient is currently prescribed Wellbutrin XL 150 mg for depression, as well as, Vistaril 25 mg for anxiety. The treating physician does not provide a rationale to justify an additional antidepressant medication such as Brintellix. In addition the treating physician did not detail a Beck's depression or Hamilton anxiety scale in the most recent medical note. As such, the request for Brintellix 10mg #30 is not medically necessary at this time.