

Case Number:	CM15-0242287		
Date Assigned:	12/21/2015	Date of Injury:	11/11/2011
Decision Date:	01/25/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/11/2015

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: Arizona, 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 11-11-11. Medical records indicate that the injured worker is undergoing treatment for low back pain, right hip bursitis and chronic pain syndrome. The injured worker is currently not working. On (11-18-15) the injured worker complained of head, low back, right arm, abdominal, right knee and right heel pain. The pain was rated 6 out of 10 with medications and 8 out of 10 without medications on the visual analog scale. The injured worker also noted poor sleep, averaging 3 hours each night and described his mood as anywhere between irritable, anxious and sad. He describes his quality of life as poor. The injured worker noted previously that he had significant improvement with the use of Brintellix and Norco. Examination of the lumbar spine revealed tenderness over the low back, paraspinal muscles, lumbar five spinous process and superior iliac spines. The injured worker also had tenderness to palpation over the right knee, just above the patella. Treatment and evaluation to date has included medications, urine drug screen and a home exercise program. Current medications include Brintellix (since at least April of 2015), Norco, Amitriptyline and Pennsaid. The current treatment request is for Brintellix 10mg #30. The Utilization Review documentation dated 11-30-15 modified the request for Brintellix 10mg #15 (original request #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellis 10mg qd tabs 30 day supply, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: According to the guidelines, SSRIs and Tricyclics are indicated for depression. The claimant was already on Amitriptyline. The claimant was on Brintellis for several months along with Amitriptyline. There was a request to see a psychologist. No therapy or intervention notes are provided. Depression scores are unknown. Response to individual medications is not provided. Continued use of Brintellis is not medically necessary.