

Case Number:	CM14-0125943		
Date Assigned:	09/24/2014	Date of Injury:	08/16/2006
Decision Date:	10/27/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old man who sustained a work related injury on August 16, 2006. Subsequently, he developed neck, left upper extremity and back pain. prior treatment has included: acupuncture; medications; physical therapy; left RFA of C5, C6, and C7 dated July 16, 2010; selective nerve root blocks; cubital tunnel release dated January 8, 2010; and epidural steroid injections dated April 25, 2014, which decreased his left lower extremity pain by greater than 50% but he still has low back pain. According to a progress report dated August 27, 2014, the patient continues to have persistent neck and left upper extremity pain. He states his average pain has been about a 7/10, flaring to a 9/10, coming down to a 5/10. Medications helped decrease his overall pain. Random UDS have been consistent. He was authorized for radiofrequency ablation. He did have a positive result with dorsal medial branch block. The patient has been suffering from depression. He is been followed up by a psychiatric for his psychotropic medication management and supportive therapy. The patient has been diagnosed with chronic neck and upper extremity pain, chronic low back pain, and chronic sleep issues that may be contributing to depression. The provider requested authorization 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Brintellix is an atypical anti depressant requested by the provider to treat the patient pain and depression. However the patient is also on Wellbutrin another atypical anti depressant and there is no controlled studies supporting that the combination of these 2 drugs is synergic or more effective than the prescription of one of these drugs as a monotherapy. Therefore the addition of Brintellix is not medically necessary.