

Case Number:	CM14-0129978		
Date Assigned:	08/20/2014	Date of Injury:	11/26/2002
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 62 year old male who suffered an industrial injury in 2002. He has had chronic pain, ankle injury and surgeries, and currently has low back pain with symptoms suggestive of radiculitis as well as bilateral foot and ankle pain. MRI imaging has demonstrated a variety of abnormalities in the left foot with inflammatory radiographic signs along with degenerative changes. In terms of his mental health, the patient has had depression for a long time. He has also been diagnosed as having anxiety features as part of his depressive syndrome. He was on Brintellix orally at 10 mg daily in addition to Trazodone and Cialis for sexual side effects of the SSRI medication. When seen in June 2014 by his psychiatrist, he was noted to be euthymic and frustrated but not exhibiting anhedonia, with the ability to enjoy stock market news and engagement with it. He did not have psychomotor agitation and insight as well as judgment was appropriate. His frustration related to ongoing denials of a variety of treatments including ankle surgery which had been recommended before. When seen on July 12 by his psychotherapist, he was noted to have not been able to take Brintellix for the preceding two weeks due to insurance denial. He was noted to have worsening symptoms of depression that day, with hopelessness and anxiety expressed. He also had passive thoughts of passing on, although no active suicidality was noted. In addition, he was having anger and psychomotor agitation. His formal diagnosis was major depressive disorder and on the PHQR registry, the score was 12, indicating a moderate level of ongoing depression. His sleep was noted to be impaired, with only 3-4 hours a night, and social withdrawal was also evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress and American Psychiatric Association Guidelines on Major depressive disorder.

Available free at

<http://psychiatryonline.org/content.aspx?bookID=28§ionID=1667485#654260> Accessed 9/26/2014. Recommend SSRI, SNRI, Bupropion as first line pharmacological agents for MDD

Decision rationale: ACOEM and CA MTUS do not address the management of depression aside from the context of depression in pain, which is a different disorder than the one the patient has. The patient has independent disorders causing pain and a comorbid but independent disorder of MDD. Therefore, the guidelines chosen include the American Psychiatric Association and the ODG, the latter being well accepted in the Occupational medicine literature and the former in the General medical literature. The patient has been diagnosed with major depression with features of anxiety and psychomotor agitation. He was noted to be doing well when seen in June 2014 by his psychiatrist. His mood at that time was noted to be euthymic. When seen in mid July 2014 by his psychotherapist however, there was a distinct change in the patient's psychological condition. This is likely because he stopped Brintellix two weeks prior, as documented in the clinical notes. Further, the standard of care in moderate to severe depression is the combination of an appropriate and well tolerated anti-depressant agent along with psychotherapy. The patient did not endorse any side effects from Brintellix. During the initiation phase of any SSRI, some degree of anxiety and nausea is often present. This fades over time with judicious and slow titration / initiation of medication. At the time of evaluation in June 2014 and July 2014, he has not indicated any ongoing side effects of medications. Overall, the clinical notes do support that the insured is deriving benefit from Brintellix, as would be expected with an SSRI in moderate to severe depression and endorsed by applicable guidelines in the Occupational medicine literature. Further, the patient is not experiencing any major intolerance or side effect. Therefore, the request is medically necessary. Discontinuation of antidepressants that a patient has been long accustomed to is an invitation to the threat of suicide and major relapse. Anti-depressants should not be stopped in chronically dysthymic and depressed individuals abruptly. This also is endorsed within the Occupational Medicine literature as well as the broader medical literature.