

Case Number:	CM14-0136162		
Date Assigned:	09/03/2014	Date of Injury:	03/10/2009
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 53-year-old gentleman was reportedly injured on March 10, 2009. The mechanism of injury was noted as installing a water heater and a dryer. The most recent progress note, dated June 27, 2014, indicated that there were ongoing complaints of bilateral knees pains, right hand pain, sadness, irritability, decreased sleep, and decreased ability to concentrate. A mental status examination noted that the injured employee maintained poor eye contact, and speech was reduced and his mood appeared dysphoric. There were a diagnoses of adjustment disorder with depressed and anxious mood. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left knee surgery, right hand surgery, braces, physical therapy, injections, and oral medications. A request had been made for Brintellix and was not certified in the pre-authorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Brintellix 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs(Selective Serotonin Reuptake Inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress; The American Psychiatric Association; and on the National Alliance on Mental Illness

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, Antidepressants, Updated June 12, 2014.

Decision rationale: According to the progress note dated June 27, 2014, the injured employee stated to be currently prescribed Celexa, which is stated to be helpful. It is unclear why there is a request for an additional antidepressant. Without further justification, this request for Brintellix is not medically necessary.