

Case Number:	CM14-0156841		
Date Assigned:	09/26/2014	Date of Injury:	04/25/1996
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with a 4/25/96 date of injury. At the time (8/28/14) of request for authorization for Brintellix 10mg #30, there is documentation of subjective (chronic severe low back pain radiating to the right leg with cramps; chronic bilateral knee pain; and right ankle instability) and objective (swollen right knee with crepitus, decreased range of motion, and positive patellar compression test; pain in the right ankle with motion and crepitus; decreased lumbar range of motion, positive straight leg raise test, and decreased sensation over the right lateral calf and bottom of the foot) findings, current diagnoses (bilateral knee degenerative joint disease, status post right ankle fusion with arthritis, and reactive depression), and treatment to date (activity modification and injections). Medical report identifies a request for a trial of Brintellix for depression.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers' Compensation Final Regulations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: (<http://www.drugs.com/brintellix.html>)

Decision rationale: An online search identifies Brintellix (vortioxetine) as an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs) used in the treatment of major depressive disorder in adults. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of a diagnosis of reactive depression. In addition, there is documentation of a request for a trial of Brintellix for depression. Furthermore, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Brintellix 10mg #30 is medically necessary.