

<b>Case Number:</b>	CM14-0174106		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

This patient sustained an injury on 11/26/2002 while employed by [REDACTED]. Request(s) under consideration include Brintellix 10mg #30. Diagnoses include Major depressive affective disorder, anxiety, recurrent episode without psychotic behavior; s/p triple arthrodesis with failed subtalar joint arthrodesis and nonunion. Conservative care has included foot orthosis, medications, therapy, psychological treatment, Arizona ankle orthosis, and modified activities/rest. Reports of 7/28/14 and 8/13/14 noted patient feeling depressed and anxious sleeping 3-4 hours a night with daytime naps. Exam showed patient walking with cane; mood depressed; mental status and affect constricted; no suicidal ideation or hallucinations; fair cognition, insight and judgment. Treatment included continued Brintellix, Trazodone for insomnia and Cialis as needed with psychotropic and supported therapy. Report of 9/22/14 from the provider noted the patient feeling depressed with difficulty sleeping. There are feelings of hopelessness with low energy. Treatment included continued medications. Medications list Voltaren Gel, Norco, Brintellix, Trazodone, and Cialis (previous Wellbutrin and Ambien). Exam noted denial of suicidal ideation. The request(s) for Brintellix 10mg #30 was modified for #15 for weaning on 10/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brintelli 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13,14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Treatment of Chronic Persistent Pain Page(s): 13-16.

**Decision rationale:** This patient sustained an injury on 11/26/2002 while employed by [REDACTED]. Request(s) under consideration include Brintellix 10mg #30. Diagnoses include Major depressive affective disorder, anxiety, recurrent episode without psychotic behavior; s/p triple arthrodesis with failed subtalar joint arthrodesis and nonunion. Conservative care has included foot orthosis, medications, therapy, psychological treatment, ankle orthosis, and modified activities/rest. Reports of 7/28/14 and 8/13/14 noted patient feeling depressed and anxious sleeping 3-4 hours a night with daytime naps. Exam showed patient walking with cane; mood depressed; mental status and affect constricted; no suicidal ideation or hallucinations; fair cognition, insight and judgment. Treatment included continued Brintellix, Trazodone for insomnia and Cialis as needed with psychotropic and supported therapy. Report of 9/22/14 from the provider noted the patient feeling depressed with difficulty sleeping. There are feelings of hopelessness with low energy. Treatment included continued medications. Medications list Voltaren Gel, Norco, Brintellix, Trazodone, and Cialis (previous Wellbutrin and Ambien). Exam noted denial of suicidal ideation. The request(s) for Brintellix 10mg #30 was modified for #15 for weaning on 10/7/14. MTUS Medical Treatment Guidelines do not recommend Brintellix, with similar action as a selective serotonin and norepinephrine reuptake inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2002 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Brintellix 10mg #30 is not medically necessary and appropriate.