

Case Number:	CM14-0092317		
Date Assigned:	09/12/2014	Date of Injury:	11/26/2002
Decision Date:	10/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 62 year-old male with a history of a work injury occurring on 11/26/02 when, while working as a restaurant manager, his right foot became caught in a door with injury to the tendons. He underwent surgery in September 2003 and again for removal of hardware in March 2004. When he had ongoing symptoms debridement of the subtalar joint was performed in April 2005 and he underwent an ankle fusion in October 2009 with partial decrease in pain. Treatments included postoperative physical therapy. He is also being treated for major depressive disorder, generalized anxiety disorder, pain disorder, and insomnia. On 04/30/14 he was having side effects from Wellbutrin with anxiety, irritability, and difficulty sleeping. Physical examination findings included ambulating with a cane. His Wellbutrin dose was decreased with a plan to discontinue it. Trazodone was continued. Brintellix and Cialis were prescribed. He was seen on 05/04/12. He was having significant difficulty falling and staying asleep. There had been a significant weight gain. On 05/27/14 he was seen for a QME Psychiatric reevaluation. Medications were trazodone 300 mg, Voltaren gel, and tramadol 50 mg 2-4 times per day, however he had stopped taking trazodone when it was no longer being authorized. He was having difficulty sleeping with problems falling and staying asleep. He had loss of libido. He was continued at temporary total disability. On 05/30/14 there had been side effects from Brintellix. Another left ankle surgery was being considered. Brintellix, trazodone, and Cialis were refilled. On 06/30/14 left ankle surgery had been advised. His sleep had improved with medications. Brintellix 10 mg, trazodone 50 mg #15, and Cialis 10 mg #15 were prescribed. On 07/24/12 he was seen for an AME. His history of injury was reviewed. He was intermittently using a crutch. Physical examination findings included a height of 5 '6 " and weight 220 pounds. On 07/28/14 authorization for surgery and medications had been denied. He was feeling

depressed and anxious. He was sleeping only 3-4 hours at night and taking naps during the day. He continued to ambulate with a cane. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

BRINTELLIX 10 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Page(s): 13-16.

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 & Stress, Antidepressants for treatment of MDD (major depressive disorder) ³/₄ Other Medical Treatment Guideline or Medical Evidence: Brintellix prescribing information

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for right foot pain, major depressive disorder, generalized anxiety disorder, and insomnia. Treatments for depression have included Wellbutrin with side effects and Brintellix is currently being prescribed. In the treatment of major depression, Guidelines reference many treatment plans as starting with selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. The claimant is being prescribed Brintellix. In terms of Brintellix, the mechanism of the antidepressant effect is not fully understood, but is thought to be related to its enhancement of serotonergic activity in the CNS through inhibition of the reuptake of serotonin (5-HT) and it also has several other activities including 5-HT₃ receptor antagonism and as a 5-HT_{1A} receptor agonist; the contribution of these activities to the antidepressant effect has not been established. The 5-HT_{1A} receptor is a subtype of the 5-HT receptor. 5-HT_{1A} receptor agonists include buspirone. In this case, the claimant has not had an adequate trial of a standard SSRI medication. If the need 5-HT_{1A} agonist activity was being considered, there are other medications that could be tried, including buspirone. Therefore, Brintellix was not medically necessary.

Cialis 10mg # 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for right foot pain, major depressive disorder, generalized anxiety disorder, and insomnia. Sexual dysfunction due to decreased libido may be 'primary' and due to psychologic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, no other anatomic lesion or medical condition has been identified that would

explain his symptoms. The prescribing of Cialis appears to be on an empiric basis. If the claimant's depression is the cause of his erectile dysfunction, then continued treatment for depression would be the expected management.

Trazodone 20mg # 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for right foot pain, major depressive disorder, generalized anxiety disorder, and insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant is obese and taking naps during the day. There is a likelihood that the claimant has secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.