

Case Number:	CM14-0212726		
Date Assigned:	12/30/2014	Date of Injury:	01/07/2004
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 62-year-old man with a date of injury of January 7, 2004. The mechanism of injury occurred while disassembling a scaffold that fell on his head, neck, and back causing a scalp laceration and brief loss of consciousness. The injured worker's working diagnoses are closed head injury with post concussive headaches; post-traumatic stress disorder, development of depression and anxiety disorder due to industrial onset; lumbar sprain/strain with lumbar DJD; cervical sprain/strain with severe spondylosis per imaging studies; and hypertension and hyperlipidemia, nonindustrial. According to the progress note dated June 3, 2014, the IW asked the treating physician if he could have samples of psychotropic medications to treat his severe depression. The treating physician provided the IW with samples of Abilify 5mg, Prozac 40mg, and Brintellix 10mg. In the progress note dated July 3, 2014, the IW reports he is still very depressed. The treating physician dispensed Brintellix 10mg, and Latuda 20mg for depression. Other medications including Tylenol No. 3 with Codeine and Xanax 1mg were also dispensed. In August 2014 and October 2014, the IW continued with complaints of depression. Brintellix 10mg and Xanax 1mg were refilled. There was no evidence of objective functional improvement associated with the ongoing use of Brintellix. Pursuant to the most recent progress note in the medical record dated December 18, 2015, the IW complains of frequent headaches and anxiety. He is taking Brintellix for depression. Physical examination was unremarkable. Medications were refilled, including Brintellix 10mg for depression. The IW was instructed to continue his medication regimen and follow-up in 4 weeks. The current request is for Brintellix 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix tab 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Updated 11/19/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SSRI Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-depressants. Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a614003.html>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Brintellex 10 mg is not medically necessary. Brintellix is in a class of antidepressants known as SSRIs and are controversial based on controlled trials. SSRIs are selective serotonin reuptake inhibitors, a class of antidepressants that inhibits serotonin reuptake without action on your adrenaline. In this case, the worker's working diagnoses are cervical and lumbar sprain/strain with ongoing myofascial neck and back pain; headaches and migraine component related to posttraumatic concussion headaches related to head injury; depression and anxiety disorder with exacerbation related post-traumatic stress disorder; and hypertension and hyperlipidemia. The injured worker has been on Brintellix long-term. In June 2014, Brintellex was continued with the treating physician handing samples to the injured worker. The injured worker was taking Brintellix prior to that for an unknown period of time. On July 3, 2014, Brintellix was dispensed with subsequent refills for ongoing depression. However, the medical record is not contain documentation of objective functional improvement. Similarly, progress note dated December 18, 2014 shows a refill but, again, no discussion as to objective functional improvement. Additionally, urine toxicology screen (according to the utilization review) was positive for cannabis metabolites. There is no documentation in the medical record indicating cannabis is prescribed for medicinal purposes. It is unclear whether there are cognitive effects associated with the use of cannabis and its effect on the antipsychotic regimen Latuda. The documentation does not state the clinical indication for Latuda in the medical record. Consequently, absent documentation supporting the ongoing use of Brintellix with objective functional improvement and the controversial use enumerated in the guidelines, and the undocumented use of Latuda (an antipsychotic), Brintellix 10 mg is not medically necessary.