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| Case Number: | CM14-0212743 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 06/01/2009 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/02/2014 |
| 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: Illinois
Certification(s)/Specialty: Psychiatry

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 is a 44-year-old male who reported an injury on 06/01/2009. The mechanism of injury, diagnostic studies or surgical history were not provided. The documentation of 11/14/2014 revealed the injured worker had some benefit in mood with the use of Brintellix. The injured worker worried over his current state and the possibility he may need more surgery. The diagnosis was depression. The injured worker had appropriate affect. The treatment plan included gabapentin 400 mg #90 with 2 refills for anxiety and mood stabilization and Brintellix 10 mg #30 with 2 refills for depression. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg QD #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/vortioxetine.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Mental Illness & stress Chapter, Antidepressants - SSRI's versus tricyclics (class).

Decision rationale: The Official Disability Guidelines indicate that antidepressants have been found to be useful in treating depression and not generally a stand-alone treatment. The clinical documentation submitted for review indicated the injured worker had some mood benefit with the medication. However the objective benefit was not provided. The request as submitted failed to indicate a necessity for 2 refills without reevaluation. Given the above, the request for Brintellix 10mg QD #30 with 2 refills is not medically necessary.