

Case Number:	CM15-0019723		
Date Assigned:	02/09/2015	Date of Injury:	07/30/2003
Decision Date:	05/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male, who sustained an industrial injury on 07/30/2003. He has reported subsequent neck and back pain and was diagnosed with cervical radiculopathy, incomplete quadriplegia post C6-C7 fracture and neurogenic bowel and bladder. Other diagnoses included major depressive disorder and anxiety. Treatment to date has included oral pain medication, surgery, anti-depressants, benzodiazapines and psychotherapy. In a progress note dated 11/21/2014, the injured worker complained of persistent neck, right upper extremity and bilateral lower extremity pain that was rated as 9/10. The injured worker reported difficulty sleeping due to pain. Objective findings were notable for tenderness and spasm of the lumbar paraspinal muscles, anxiety and depression. A request for authorization of Brintellix was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix tab 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants for depression. Decision based on Non-MTUS Citation ODG TWC Mental Illness and Stress Chapter, Antidepressants for treatment of MDD (Major Depressive Disorder).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/brintellix.

Decision rationale: This 48 year old male has complained of neck and back pain since date of injury 7/30/03. He has been treated with surgery, physical therapy and medications to include Brintellix since at least 09/2014. The current request is for Brintellix. Brintellix is an antidepressant medication used to treat major depression. The available provider notes do not include documentation regarding the patient's response to Brintellix thus far. There is no clear objective documentation with regard to the patient's psychological status at the time of request. On the basis of the available medical documentation, Brintellix is not medically necessary.