

Case Number:	CM15-0115182		
Date Assigned:	06/23/2015	Date of Injury:	09/10/2012
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 62 year old female, who sustained an industrial injury on 09/10/2012 to the neck and low back. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, cervical discopathy and radiculopathy, lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, lumbar disc disease; lumbar facet syndrome, major depressive disorder; and generalized anxiety disorder. Treatments to date have included medications, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Robaxin, Brintellix, Wellbutrin, Seroquel, and Desyrel. In a progress note of 06/04/2015 the IW complained of back pain and ongoing severe depression. At that time she was prescribed Desyrel, Seroquel, and Wellbutrin. Request is being made for retrospective Brintellix (Vortioxetine) 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Brintellix (Vortioxetine) 20mg #30 (DOS 05/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: SSRI's such as Brintellix are first line agents in the treatment of major depressive and generalized anxiety disorders. Her psychiatric progress note of 06/04/15 makes no mention of Brintellix and no description of symptoms or progress, other than to say that she suffers from extreme depression. It was not clear from records provided when Brintellix was started and for what rationale. Until further clarification is provided, this request is not medically necessary.