MAXIMUS Federal Services

Case Number:	CM15-0118975		
Date Assigned:	06/29/2015	Date of Injury:	11/08/2004
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 11/08/2004. Mechanism of injury was an attack. She injured her neck, back, upper and lower extremities and psyche. Diagnoses include Post-Traumatic Stress disorder and depression, chronic musculoskeletal pain with psychological /subjective complaints with long-term and continued use of psychotropic mediations. Treatment to date has included cognitive behavioral treatments, and medications. She is permanently totally disabled. A physician progress note dated 05/06/2015 documents the injured worker reported she was sleeping better with Saphris and Brintellix and found her mood improved with these medications; however she remained easily confused, forgetful and was frustrated that she could not access her Soma and Vicodin for 2 weeks. She suffered with diarrhea, headaches, and is now suffering from acute psychological withdrawal symptoms along with uncontrolled pain symptoms that leave her even more disabled and less likely to want to leave her home. She was considering hospitalization but does not want to miss her daughter's graduation. Psychotherapy focused on how to advocate for adequate pain management and whether she would be better off with Suboxone given her long term reliance on opioids and the frequent abrupt discontinuations of her pain medications. She has been off her Cymbalta and Bupropion. She is frustrated and depressed. She has signs of psychomotor agitation, no hallucinations or suicidal ideation. She still ruminates. The treatment plan includes Saphris 5mg at hour of sleep. Treatment requested is for Brintellix 20mg #30 with 8 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 20mg #30 with 8 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Brintellix, with similar action as a Selective Serotonin and Norepinephrine Reuptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered for this chronic injury of 2004. Therefore, this request for Brintellix 20mg #30 with 8 refills is not medically necessary and appropriate.