

Case Number:	CM15-0075501		
Date Assigned:	04/27/2015	Date of Injury:	04/22/1995
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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, Pain Management

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 64-year-old male, who sustained an industrial injury on April 22, 1996. The injured worker was diagnosed as having opioid type dependence, post laminectomy syndrome and lumbar radiculopathy. Treatment and diagnostic studies to date have included oral medication, surgery and intrathecal pump. A progress note dated March 13, 2015 the injured worker complains of depression and excruciating pain. He rates his pain 5/10 with medication and 10/10 without medication. At the time of exam he rates it 7/10. He reports migraines and back pain. Physical exam notes tenderness of the lumbar spine area. The plan includes medication change, catheter dye study, home exercise, medication, and electromyogram and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10 mg Qty 30: Overturned

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

(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0018946/?report=details>) Vortioxetine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-6, 402, Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 107 of 127. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106971/>.

Decision rationale: Regarding the request for Brintellix, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it appears that the patient has a history of depression that has worsened as of late. The requested medication is supported as first-line treatment as well as second-line treatment with other medication has failed to manage depression. As such, a trial of the medication appears reasonable to determine its efficacy for this patient. In light of the above, the currently requested Brintellix is medically necessary.