

Case Number:	CM15-0078818		
Date Assigned:	04/30/2015	Date of Injury:	04/05/2002
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

This 57 year old female sustained an industrial injury to the neck and back on 4/5/02. Recent treatment included medications, cognitive behavioral therapy and psychiatric care. In a psychiatric progress note dated 4/2/15, the physician noted that the injured worker was doing a little better. She had lost about 175 pounds. The injured worker was taken off Cymbalta because that was not helping. The physician noted that her medications had not been covered by insurance and expressed concern that the injured worker could become a significant suicide risk or end up in a psychiatric hospital without them. The physician noted that the injured worker remained totally disabled and was not able to return to her usual job. Current diagnoses included major depressive disorder, inoperable cervical disc disorder, lumbar disc disorder and right arm radiculitis. The treatment plan included a new medication (Brintellix) and continuing Nuvigil and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation <http://us.brintellix.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRI.

Decision rationale: According to the ODG, SSRI are first line therapy for depression. According to the documents available for review, the IW currently suffers from intractable depression non-responsive to prior medications trials. A trial with Brintellix appears medically necessary and reasonable in light of these facts. Therefore at this time the requirements for treatment have been met, and medical necessity has been established.