

<b>Case Number:</b>	CM15-0090586		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 58-year-old who has filed a claim for post concussive syndrome and/or posttraumatic headaches with derivative complaints of depression and anxiety reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review report dated May 10, 2015, the claims administrator failed to approve request for trazodone and Brintellix. The claims administrator referenced an RFA form dated April 30, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In an April 30, 2015 RFA form, trazodone was endorsed for nightly use purposes with six refills. Prescription for Brintellix for daily use purposes with six refills was also furnished. A translator was also proposed at each visit. In an associated office visit of the same date, April 30, 2015, the applicant reportedly having done 'quite poorly' in terms of physical and psychological symptoms associated with post-concussive syndrome since the preceding visit. The attending provider maintained that the applicant had issues with depression and/or insomnia generated as a result of her post-concussive symptoms. The attending provider stated that he did not believe that the applicant had received either psychotropic medication on a regular basis owing to inconsistent authorizations. The attending provider stated that he was going to seek six refills of each drug. The attending provider then stated, somewhat incongruously, that he would have the applicant follow-up in eight weeks to access her response to Brintellix and trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg #30 x 6 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 47; 402.

**Decision rationale:** No, the request for trazodone, an atypical antidepressant, #30 with six refills was not medically necessary, medically appropriate, or indicated here. The request was framed on April 30, 2015 as what amounts to a first time request of trazodone. The treating provider posited that the applicant was not currently using trazodone on that date owing to incomplete and inconsistent authorizations. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes 'weeks' for antidepressants such as trazodone to exert their maximal effect, here, however, the request for a seven-month supply of trazodone was incompatible with both page 402 of the ACOEM Practice Guidelines and with page 47 of the ACOEM Practice Guidelines, which likewise notes that an attending provider should discuss the efficacy of medication for the particular condition for which it has been prescribed in order to ensure proper use. Here, a seven-month supply of trazodone was incompatible with the position(s) set forth on pages 47 and 402 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.

**Brintellix 10mg #30 x 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402.

**Decision rationale:** Similarly, the request for Brintellix, another atypical antidepressant, #30 with six refills was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 15, page 402 notes that it often takes 'weeks' for antidepressants such as Brintellix to exert their maximal effect. The request for a seven-month supply of Brintellix, thus, represents a supply of Brintellix well in excess of the timeframe needed to assess whether or not introduction of Brintellix had or had not proven effective, per ACOEM Chapter 15, page 402. The attending provider failed to furnish a compelling rationale for such a lengthy supply of Brintellix, particularly in the light of the fact that he stated on April 30, 2015 that he intended to follow up with the applicant in two months time so as to assess medication efficacy. Therefore, the request was not medically necessary.

