

Case Number:	CM15-0093482		
Date Assigned:	05/19/2015	Date of Injury:	04/25/2003
Decision Date:	06/23/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 53 year old female, who sustained an industrial injury on 4/25/03. She reported initial complaints of low back pain. The injured worker was diagnosed as having major depressive disorder, first episode; injury to lumbar spine; injury to bilateral knees; Failed back syndrome lumbar radiculopathy. Treatment to date has included status post 2 lumbar surgeries in Germany; status post lumbar anterior/posterior fusion (2006); psychiatric care; medications. Currently, the PR-2 notes dated 4/13/15 indicated the injured worker presents to this office for evaluation and treatment. She continues feeling sad and depressed although not as severe as during her last evaluation. She believes the new medication has helped a little. She was able to tolerate Brintellix 5mg with only minimal side-effects at the beginning including some mild nausea and diarrhea which have improved significantly. She is quite disappointed having sustained a knee injury which has prevented her from physical activity. She has undergone a MRI and orthopedic evaluation that revealed significant pathology in the right knee. She will undergo physical therapy and if not successful, she will then consider total knee replacement surgery. She has been unable to lose any weight which is contributed to knee pain and depression. She is unable to drive due to her physical condition and transportation is provided per court order. The injured worker continues to experience pain in her lumbar spine with referral to right lower extremity. She is compliant with her medications and has been able to reduce Restoril by not taking it at night. The provider notes, she was able to walk into the office without any assistance and did not appear to be in any acute distress or discomfort. Her affect had improved. The provider's treatment plan includes a request for an

evaluation with a dietitian for weight management; continue Restoril 15mg at bedtime PRN; ensure transportation without any interruptions, continue therapy; remain active and report any exacerbation in her depression or anxiety and increase the Brintellix tab to 10mg daily. The provider is requesting Brintellix tab to 10mg QD #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix tab 10mg QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a614003.html>.

Decision rationale: Pursuant to Medline PLUS, Brintellix 10 mg one daily #30 is medically necessary. Brintellix is an antidepressant. For additional details see the attached link. In this case, the injured worker's working diagnoses are major depressive disorder, first episode; and status post injury lumbar spine and bilateral knees. Subjectively, according to an April 20, 2015 progress note, the injured worker is following up with a psychiatrist. The injured worker was able to tolerate Brintellix 5mg with minimal side effects at the beginning of treatment including some mild nausea and diarrhea that have improved significantly. The treating provider increased the dose to 10 mg. Additional medications include Viibryd 40mg daily; Abilify 6 mg one qd and Restoril 15 mg Q HS PRN. Objectively, the injured worker's affect is improved. The mood was tearful and the injured worker appeared dysphoric and tearful. Although the clinical response has been minimal, the initial side effects associated with this drug have abated. The treating provider is a psychiatrist that follows the injured worker weekly. The clinical response is appropriate and a one month supply of Brintellix 10mg is appropriate. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Brintellix 10 mg one daily #30 is medically necessary.