

Case Number:	CM15-0097047		
Date Assigned:	05/27/2015	Date of Injury:	04/01/2009
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 04/01/2009. He reported suffering a contusion of the head, laceration of the forehead, pain between the shoulder blades, and swelling and redness to his back after being pinned by a piece of equipment. The injured worker is able to work with restrictions. The injured worker is currently diagnosed as having non-displaced rib fractures with persistent pain, post-concussion syndrome, head injury, post-traumatic stress disorder, mild amnesia, cervical strain and chronic pain, myofascial tension in the thoracic region, migraine headaches, sleep dysfunction, gastrointestinal symptoms, deconditioning, and depression. Treatment and diagnostics to date has included trigger point injections, Botox injections, physical therapy, home exercise program, lumbosacral spine MRI showed evidence of two level degenerative changes, and medications. In a progress note dated 04/21/2015, the injured worker presented with reduction of migraine headaches and gastrointestinal symptoms. Objective findings include scalp, neck, back, and abdominal tenderness. The treating physician reported requesting authorization for Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg #30: Upheld

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 PDR, brintellix.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The requested medication is an atypical antidepressant indicated in the treatment of major depression per the physician desk reference. It is not indicated as a first line treatment option and in the absence of failure of other first line treatment options the request is not medically necessary.