

Case Number:	CM15-0099816		
Date Assigned:	06/02/2015	Date of Injury:	11/14/2012
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Texas

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 43 year old male who sustained a work related injury November 14, 2012. According to a treating physician's progress notes, dated April 23, 2015, the injured worker presented with worsening pain in both arms and hands. He has returned to construction work and the hammering and physical activities are aggravating his upper extremities. Physical examination reveals; tenderness over the medial and lateral epicondyles of the elbows and positive Cozen's maneuvers; passive range of motion in the wrists in flexion to extension is painful; neck range is limited in all planes; cervical compression caused neck pain, but does not radiate; cranial nerve exam II-XII remains grossly intact; bilateral shoulder exam reveals full range of motion, tenderness over the subacromions and mild crepitus on circumduction passively with mildly positive impingement signs. Impressions are documented as; history of traumatic fall with closed-head injury with post traumatic headaches, loss of balance, cognitive dysfunction, and dizzy episodes persisting; tinnitus, both ears; trigeminal neuralgia, left side of face; reactive depression/anxiety/panic disorder; cervical spine sprain/strain with severe spondylosis; cervicogenic headaches; s/p left wrist and forearm surgery for pisotriquetral arthritis and ulnocarpal impingement syndrome; lateral chronic epicondylitis. At issue, is the request for authorization for Brintellix and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 75 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 14-16.

Decision rationale: According to the MTUS, amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case the patient is prescribed an SSRI antidepressant, Brintellix, as well. The use of an SSRI and TCA can cause life-threatening complications; therefore the use of this medication is not medically necessary.

Brintellix 5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 14-16. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: According to the MTUS, SSRIs, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. According to UptoDate.com regarding the use of SSRI antidepressant medications (such as vortioxetine), potentially life-threatening serotonin syndrome (SS) has occurred with serotonergic antidepressants (eg, SSRIs, SNRIs), particularly when used in combination with other serotonergic agents (eg, triptans, TCAs, fentanyl, lithium, tramadol, buspirone, St John's wort, tryptophan) or agents that impair metabolism of serotonin (eg, MAO inhibitors intended to treat psychiatric disorders, other MAO inhibitors. Brintellix (vortioxetine) is an SSRI antidepressant medication. In this case, the patient is taking a TCA as well. The use of an SSRI and TCA can cause life-threatening complications; therefore the use of this medication is not medically necessary.