

Case Number:	CM14-0142694		
Date Assigned:	09/10/2014	Date of Injury:	01/22/2009
Decision Date:	10/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management: and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old female with a 1/22/09 date of injury, and status post right forearm open reduction internal fixation 6/11. At the time (8/25/14) of request for authorization for Brintellix 10MG and possible increase dose to therapeutic level, quantity not specified and Vistaril 25mg #90, there is documentation of subjective (low back and left lower extremity pain; depressed, anxious and frustrated) and objective (marked tenderness over the right greater trochanter bursa, spinal tenderness to palpation) findings, current diagnoses (lumbar disc displacement, herniation, lumbar spine stenosis, lumbar degenerative disc disease, lumbar radiculopathy, back pain, and generalized abdominal pain), and treatment to date (medications including MS Contin, Norco, Temazepam, gabapentin, omeprazole, and Voltaren gel). Regarding the requested Brintellix 10MG and possible increase dose to therapeutic level, quantity not specified, there is no documentation of the requested quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10MG and Possible Increase Dose to Therapeutic Level, Quantity not Specified:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, herniation, lumbar spine stenosis, lumbar degenerative disc disease, lumbar radiculopathy, back pain, and generalized abdominal pain. In addition, there is documentation of chronic pain and depression. However, there is no documentation of the requested quantity. Therefore, based on guidelines and a review of the evidence, the request for Brintellix 10MG and possible increase dose to therapeutic level, quantity not specified is not medically necessary.