MAXIMUS Federal Services

Case Number:	CM13-0007885		
Date Assigned:	10/11/2013	Date of Injury:	06/06/2003
Decision Date:	05/15/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/06/2013

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 Emergency Medicine, and is licensed to practice in New York. 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:

The patient is a 57-year-old male who was injured on June 3, 2003. The patient continued to experience pain in his lower back, right foot, neck, and knee. Physical examination was notable for color and temperature change to his right foot, tenderness/spasm to his paralumbar muscles, and bilateral cervical pain with decreased extension. Diagnoses included brachial neuritis/radiculitis, lumbago, reflex sympathetic dystrophy to low limb, thoracic/lumbosacral neuritis/radiculitis and cervicalgia. Treatment included medications, epidural steroid injections, physical therapy, and shock stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIIBRYD 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics July 11, 2011 (Issue 1368) p. 53: Vilazodone (Viibryd) A New Antidepressant

Decision rationale: Viibryd is the antidepressant Vilazodone, a selective serotonin reuptake inhibitor (SSRI) and partial 5-HT1A receptor agonist, approved for the treatment of depression. There is limited evidence that it offers any advantage over SSRI's. SSRI's are preferred until comparative data is available. Antidepressants are recommended for the treatment of chronic pain. Tricyclics are recommended over SSRIs, unless adverse reactions are a problem. There is no documentation in the medical records provided for review that the patient has not been able to tolerate tricyclic antidepressants. In this case the Viibryd was recommended for depression. Diagnoses do not include depression and the medical records do not include documentation of ongoing psychiatric care. Therefore the request is not medically necessary and appropriate

RELPAX 40MG #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Relpax is the triptan medication, eletriptan. Triptans are recommended for migraine sufferers. In this case the patient does not suffer from migraine headaches. Therefore the request is not medically necessary and appropriate.