

Case Number:	CM13-0060563		
Date Assigned:	04/25/2014	Date of Injury:	06/06/2003
Decision Date:	08/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Occupational Medicine 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:

This is a 58-year-old male with a 6/6/03 date of injury. The mechanism of injury was not noted. In a 9/23/13 progress report from the treating psychologist, the patient reported that he feels sad, lonely, tired, nervous, and worried. The patient worries excessively about his physical condition and levels of pain. He feels frustrated by physical limitations and inability to work and support himself. The patient feels discouraged, pessimistic, and fearful of the future. He experiences pain, headaches, chronic sleep problems, and muscular tension. The patient is unable to engage in regular ADLs (activities of daily living) due to his physical condition. Objective findings: sad and anxious mood; bodily tension; apprehensive; patient is preoccupied with physical condition, symptoms, and limitations; patient continues to report symptoms related to emotional condition for which patient is in need of continued treatment. Diagnostic impression: depression, cervicgia, brachial neuritis/radiculitis, pain in joint (ankle/foot), lumbosacral radiculitis, lumbago, neck pain. Treatment to date: medication management, activity modification, psychotherapy. A UR decision dated 11/13/13 denied the request for Viibryd. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

VILBRYD 20 MG, #30/30 DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs(SELECTIVE REUPTAKE INHIBITORS) Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com (Viibryd).

Decision rationale: CA MTUS and ODG do not address this issue. An online search revealed that Viibryd (vilazodone) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Viibryd is used to treat major depressive disorder. There is no documentation that the patient has had a trial of a first-line SSRI antidepressant supported by guidelines, such as Prozac or Celexa. In addition, it is documented that the patient had previously been on Effexor for his depression. However, there is no discussion as to why that medication was discontinued. A specific rationale identifying why Viibryd would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Viibryd 20 mg, #30/30 day is not medically necessary.