

Case Number:	CM13-0064902		
Date Assigned:	01/03/2014	Date of Injury:	11/28/2006
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 Psychiatry 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:

The 37 year old female injured worker with date of injury 11/28/06. She incurred a left thoracic strain, left shoulder/upper extremity strain and right arm strain. Per 10/21/13 report, the doctor noted "she has been more depressed so I am going to start her on Viibryd." She was diagnosed with major depressive disorder. Per 12/10/12 psychiatric evaluation, "she has been depressed since her industrial injury and has vegetative symptoms of depression including insomnia, anergia, anhedonia and depressed mood." Treatment to date has included physical therapy, psychiatric treatment x8, and medication management for chronic pain. The date of UR decision was 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIIBRYD 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER LITERATURE FDA PACKAGE INSERTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS, VILAZODONE (VIIBRYD)

Decision rationale: Per ODG TWC, Viibryd is "Not recommended for pain. Recommended for PTSD and MDD." However, the documentation submitted for review does not support the diagnosis of major depressive disorder. The most recent progress report dated 10/21/13 states under mental status examination that mood and affect are more depressed. The previous progress note dated 8/19/13 stated mood was more dysphoric and affect was appropriate. This is the only information provided with regard to symptoms. While the 12/2012 psychiatric evaluation supported the diagnosis of depression, an updated evaluation is necessary to establish medical necessity. The documentation does not list any other neurovegetative symptoms other than depressed mood that would establish diagnosis of major depressive disorder. The request is not medically necessary.