

<b>Case Number:</b>	CM14-0012925		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Internal 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 58 year old female with a date of injury on 02/15/2011. She had neck and shoulder pain. Right arm pain started in 03/2012 and left arm pain started in 01/2013. She had cervical fusion in 04/2012. She is followed for complex regional pain syndrome (CRPS) of both arms and depression. In 05/2012, she was treated for depression. On 06/06/2013 she was seen for right arm pain after stellate ganglion blocks. On 08/09/2013 she was treated with Tramadol, Gralise and Viibryd. She is being treated for depression. On 08/20/2013, she was ambulating without assistance. Left arm pain was worse than right. Gabapentin and Lyrica were discontinued because of adverse effects. There was a discussion about more nerve blocks for better pain control. On 11/04/2013 it was noted that she was followed for depression. It was noted that she stopped working in 08/2011 and has become isolated and depressed since then.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GRALISE 600MG #30 WITH TWO (2) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** Both Neurontin and Garlise are gabapentin. She had a reaction to Neurontin but was taking Gralise. According to MTUS, the requested medication is recommended for diabetic neuropathy and post herpetic neuralgia. Neither is documented. It is unclear if she has any neuropathic pain. It is not FDA approved for the treatment of CRPS. Therefore, the request is not medically necessary.

**VIIBRYD 25MG 1 TAB DAILY #30; OR VIIBRYD 10MG 2 1/2 TABLETS PER DAY; TWO (2) REFILLS:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Packet Insert for Viibryd.

**Decision rationale:** The patient has been treated for depression since 08/2011 when she stopped working. As noted in the previous review, Viibryd is not considered treatment for CRPS. However, she has depression and Viibryd is a SSRI antidepressant medication. Treatment of her depression (from her injuries) with Viibryd is a standard of care and Viibryd is medically necessary for this patient.