

Case Number:	CM14-0017910		
Date Assigned:	04/16/2014	Date of Injury:	06/27/2012
Decision Date:	06/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational and Environmental 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:

The patient is a 34 year old male who was injured on 06/27/2012 when the "hitter" he was using to drive a wooden stake in the ground slipped backwards and struck him in the front portion of his head. The patient reportedly lost consciousness for a couple minutes. He has been treated conservatively with chiropractic treatment, physical therapy, HEP and several medications. Medications have included (in order of prescription date per documentation available): 06/27/2012- Tylenol 500 mg and analgesic; 06/29/2012- Naproxen 550mg; 07/12/2012- Norflex 100 mg (at bed); 12/12/2012- Nortriptyline (low dose); 01/03/2013- Nortriptyline (20mg); 03/01/2013- Nortriptyline (25mg); 03/11/2013- Neurontin; 03/19/2013- Relafen 500 mg; 05/02/2013- Cyclobenzaprine (7.5mg); 09/19/13- Lunesta (2mg); 11/27/2013- Viibyrd (40mg). On 11/27/2013 the patient was noted to have less pain with a rating of 6/10 in severity, he had completed 8/8 physical therapy sessions and was currently on Flexeril, Nabumetone, Neurontin and Lunesta. He was diagnosed with post traumatic headaches, myofascial pain syndrome and chronic pain syndrome with difficulty falling asleep, attention, memory and concentration difficulties. He was given a trial of Viibyrd for mood and sleep titrate to 40 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIIBYRD 40MG, #30 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI
Page(s): 16.

Decision rationale: The California MTUS detail regarding SSRIs states "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." The provider has documented on 1/7/14 that this medication: "...did help improve his mood and decrease his pain." This is an appropriate use of this medication and within the above guideline. Therefore, this is medically necessary.