MAXIMUS Federal Services

Case Number:	CM14-0182766		
Date Assigned:	11/07/2014	Date of Injury:	12/02/2011
Decision Date:	12/11/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 51-year-old female with cumulative dates of injury from December 2, 2011 through May 28, 2012. She had been complaining of neck pain, left shoulder pain, pain into both wrists with numbness and tingling of the hands, and worsening depression. Electrodiagnostic studies of the upper extremities in 2012 and 2013 revealed evidence of right greater than left carpal tunnel syndrome. An MRI scan of the cervical spine from 2007 revealed disc osteophyte complexes at C5-C6 and C6-C7 causing mild anterior cord Ife spend. In 2007 she had arthroscopic decompression for left shoulder adhesive capsulitis. Her neck pain continued to radiate the right upper extremity. She was started on Celexa for depression and ultimately had a dosage increased to 40 mg daily. This seemed helpful for a time but the injured worker began to complain of suicidal thoughts. Viibryd was added at that point and it appears that her suicidal thinking has diminished. The physical exam reveals diminished cervical range of motion, a positive facet loading test bilaterally, right-sided paresthesias caused by scalene muscle compression and cervical rotation, numbness to the C6 dermatome distribution, and diminished bilateral shoulder flexion and extension strength. The diagnoses include cervical ankylosis, cervical facet disease, bilateral carpal tunnel syndrome, adhesive capsulitis of the shoulder, depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd (Vilazodone) 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress updated 06/12/14)

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 and Stress, Antidepressants PsychCentral, January 25, 2011, Viibryd Approved to Treat Depression in Adults

Decision rationale: Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. A recent meta-analysis concluded that drug effects were nonexistent to negligible among depressed patients with mild, moderate, and even severe baseline symptoms, whereas they were large for patients with very severe symptoms, but the majority of depressed patients presenting for treatment do not fall into that very severe category. Selective serotonin reuptake inhibitors (SSRIs) like Celexa, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain.Viibryd is a one-of-a-kind drug for the treatment of depression that in clinical trials had fewer sexual side effects than other antidepressants. It works by way of a novel dual mechanism of action as both a potent and selective serotonin reuptake inhibitor (SSRI) and a partial agonist of the 5-hydroxytryptamine 1a (5-HT1A) receptor. Viibryd is therefore able to combine first-line therapy for depression with 5-HT1A partial agonism, an accepted add-on treatment for depression and a common initial treatment for anxiety disorders.In this instance, the injured worker had a good response to Celexa, but later developed suicidal thoughts. Viibryd was added on and seems to have helped. Viibryd has the unique characteristic of being partial serotonin agonist giving it the theoretical benefit as an add on treatment. Viibryd (Vilazodone) 20mg #30 is medically necessary in this case. The treating physician is advised to seek a psychiatric consultation for pharmacologic guidance for this high-risk patient.

Unknown Cervical Epidural Steroid Injections between 9//24/2014 and 11/30/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Epidural steroid injection (ESI)

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections, therapeutic:Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.(1) Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing.(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).(3) Injections should be performed using fluoroscopy (live x-ray) for guidance(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.(5) No more than two nerve root levels should be injected using transforaminal blocks.(6) No more than one interlaminar level should be injected at one session.(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.(8) Repeat injections should be based on continued objective documented pain and function response.(9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.Criteria for the use of Epidural steroid injections, diagnostic:To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: (1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;(3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive;(4) To help to identify the origin of pain in patients who have had previous spinal surgery.In this instance, while the electrodiagnostic studies failed to corroborate a true radiculopathy, the physical exam and previous cervical MRI imaging tend to support a C6 radiculopathy. The actual request for authorization dated November 3, 2014 is specific for a cervical epidural steroid injection at the C5-C6 level with fluoroscopy. Therefore, a cervical epidural started injection at the C5-C6 level with fluoroscopy is medically necessary.