

Case Number:	CM14-0021760		
Date Assigned:	05/07/2014	Date of Injury:	03/05/2003
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology and is licensed to practice in Texas, Connecticut, Massachusetts, and New Jersey. 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 claimant is a 60 year old male injured on 03/05/03 due to undisclosed mechanism of injury. Current diagnoses included cervical spondylosis, retrolisthesis at C3-4, cervicogenic headaches, and cervicocranial syndrome. The claimant was status post left shoulder arthroscopy with subacromial decompression and Mumford on 05/02/07, left elbow medial epicondylectomy and release of ulnar nerve on 09/18/09, right wrist carpal tunnel and right elbow nerve release on 10/12/12, and left shoulder arthroscopy with glenohumeral debridement and subacromial decompression in September 2013. Clinical note dated 09/16/13 the claimant was status post bilateral occipital nerve block on 02/21/13 which provided pain relief for approximately one week. There were complaints of very poor sleep, was waking up at least once a night which improved following initiation of Viibryd and Sentra PM. The claimant rated bilateral neck and bilateral suboccipital headaches at 6/10. The claimant was prescribed Sentra PM two tablets QHS, gabapentin 600mg TID, Theramine TID, and Viibryd 20mg. Clinical note dated 01/13/14 indicated the claimant presented for post-operative evaluation approximately four months following left shoulder arthroscopy. The claimant fell approximately three weeks prior to office visit causing flaring and temporary setback. Home therapy was continued utilizing Voltaren ER and Norco on regular basis which relieved the effects and allowed him to function at his current level. There were multiple inconsistent urine drug screens throughout clinical care. The initial request for Theramine #90 and Viibryd 20mg #30 was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIIBRYD 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/viibryd-drug.htm>.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Viibryd is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. In this case, there is no indication in the documentation that the claimant has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for Viibryd 20mg #30, is not medically necessary and appropriate.