

Case Number:	CM14-0054203		
Date Assigned:	07/07/2014	Date of Injury:	06/21/2009
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old male was reportedly injured on June 21, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 21, 2014, indicated that there were ongoing complaints of back pain and leg pains. The injured employee stated that his current medications are not helping him. Current medications were stated to include Celebrex, Colace, Cymbalta, Lyrica, Percocet, Prilosec, Prozac, and Senokot. The physical examination demonstrated ambulation with the assistance of a cane. Diagnostic imaging studies of the lumbar spine indicated an artifact from a neurostimulator device. There were mild central and foraminal stenosis at L4-L5 with a right sided paracentral disc protrusion and facet hypertrophic changes. There was also a right paracentral disc protrusion at L5-S1. Nerve conduction studies of the lower extremities showed no evidence of a radiculopathy. Previous treatment included lumbar spine surgery, epidural steroid injections, physical therapy, chiropractic care, acupuncture, and pain management. A request had been made for Viibryd and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg daily #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 122 of 127.

Decision rationale: Viibryd is an antidepressant of the SSRI class used to treat major depressive disorder. The previous utilization management review has stated that Viibryd was not certified as it was never started. However, the injured employee has had a previous comprehensive psychological evaluation on July 12, 2012, which did indeed diagnosed him with major depressive disorder. Considering this, this request for Viibryd is medically necessary.