

Case Number:	CM14-0082057		
Date Assigned:	07/21/2014	Date of Injury:	04/03/2006
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 48 year-old individual was reportedly injured on 4/3/2006. The mechanism of injury is noted as an industrial. The most recent progress note, dated 5/9/2014 indicates that there are ongoing complaints of depression, generalized anxiety disorder, and post traumatic stress disorder. The physical examination demonstrated: appearance-casual, behavior-agitation, speech is normal, mood swings present. Crying spells present. Anger is present. Anxiety is present. Racing thoughts are present. No hallucinations. No suicidal or homicidal ideations. No recent diagnostic studies are available for review. Previous treatment includes referral to psychology, medications, and therapy. A request had been made for Vibryd 40 mg and was not certified in the pre-authorization process on 5/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vibryd 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (anti-inflammatory medications) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 13-16, 107.

Decision rationale: Viibyrd is a serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. The MTUS guidelines support the use of SSRIs, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.