

Case Number:	CM14-0068883		
Date Assigned:	07/14/2014	Date of Injury:	11/07/1994
Decision Date:	01/16/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 North Carolina. 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 56-year-old with a reported date of injury of 11/07/1994. The patient has the diagnoses of lumbago and ankle pain. Per the most recent progress reports provided for review from the primary treating physician dated 03/18/2014, the patient had complaints of new onset ankle pain resulting from a fall, continued low back pain and depression. The physical exam noted no specific abnormalities. The treatment plan recommendation included pain psychology consult, continuation of medications and new shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is an antidepressant in the selective serotonin reuptake inhibitors (SSRIs) class and a 5HT1A

receptor partial agonists. The medication is indicated in the treatment of major depression disorder. The progress notes provided document ongoing depression and anxiety symptoms but here is no mention of a formal diagnosis of major depressive disorder. There is also no mention of failure or inadequacy of treatment of more traditional first-line therapeutic options for the treatment of depression. For these reasons the medical necessity for this medication has not been established and the request is not certified.