

Case Number:	CM15-0100819		
Date Assigned:	06/03/2015	Date of Injury:	04/16/2007
Decision Date:	07/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with an April 16, 2007 date of injury. A progress note dated April 17, 2015 documents subjective complaints (low back stiffness and pain rated at a level of 5-6/10; cervical pain, stiffness, numbness and tingling; numbness, tingling, and weakness in the bilateral arms; neck pain rated at a level of 5-6/10; chronic left knee pain rated at a level of 2-3/10; knee weakness; left shoulder pain rated at a level of 5-6/10; abdominal pain and bloating; change in appetite; constipation and diarrhea), objective findings (decreased muscle strength in the left lower extremity and left shoulder; pain and deformity of the distal left forearm from surgery; limited range of motion of the left hand; left fingers with minimal motion and decreased grip strength; tenderness of the paraspinal area of the cervical and lumbar spine; adhesive capsulitis per testing of the left shoulder; decreased range of motion of the cervical and lumbar spine; tenderness to palpation over the C2 to C3, C5 to C6 and C7 to T1 facet capsules bilaterally; positive Spurling's maneuver bilaterally; positive maximal foraminal compression testing and pain with valsalva; increased myofascial pain; abdomen soft, nontender; bowel sounds present in all four quadrants without palpable masses), and current diagnoses (nonspecific abdominal pain, status post bowel resection; pain in left forearm status post open reduction, internal fixation; cervical radiculitis; lumbar sprain/strain; likely complex regional pain syndrome, left upper extremity; internal derangement, left knee). Treatments to date have included medications, multiple surgeries to the left forearm, electromyogram/nerve conduction velocity studies (September 9, 2008; showed slight left carpal tunnel syndrome), abdominal surgeries, stellate ganglion block, magnetic resonance imaging of the cervical spine (February 27, 2009; showed

stenosis and disc bulge), magnetic resonance imaging of the lumbar spine (June 27, 2009; showed disc bulges and loss of disc space), and epidural injection. The medical record indicates that medications offer substantial benefit, and that there was no evidence of drug abuse, diversion, or aberrant behavior. The treating physician documented a plan of care that included a prescription for Vibryd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vibryd 10-20-40mg #900: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Vibryd 10-20-40mg #900 is not medically necessary and appropriate.