

Case Number:	CM15-0198824		
Date Assigned:	11/02/2015	Date of Injury:	02/25/1991
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 2-25-91. The documentation on 9-9-15 noted that the injured worker has complaints of lumbar pain related to the left calf. The injured worker has complaints of depression, anxiety and memory loss. The diagnoses have included major depressive affective disorder, recurrent episode, moderate. Treatment to date has included heat; cold; activity; walking; rest; nerve blocks; injections; epidural steroid injection ; chiropractor; narcotic pain medications; transcutaneous electrical nerve stimulation unit; psychiatrist, psychologist; viibryd and amitriptyline. The original utilization review (9-29-15) modified the request for viibryd 40mg to viibryd 40mg times 3 months supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Vilazodone.

Decision rationale: The current request is for VIIBRYD 40 MG. Treatment to date has included heat and cold therapy, exercise, physical therapy, nerve blocks, ESIs, chiropractor treatment, TENS unit, and medications. The patient is working part-time. ODG guidelines under the Mental Illness & Stress Chapter, regarding Vilazodone (Viibryd) states not recommended for pain. Recommended for PTSD and MDD. Viibryd (vilazodone) is a selective serotonin reuptake inhibitor (SSRI). See the Pain Chapter, SSRIs (selective serotonin reuptake inhibitors). See also Antidepressants for treatment of MDD (major depressive disorder); & Antidepressants for treatment of PTSD (post-traumatic stress disorder) in this chapter. Per report 09/09/15, the patient presents with chronic lumbar pain. The patient also complains of depression, anxiety and memory loss. The diagnosis included moderate major depressive affective disorder, recurrent episode. The treater states that the patient is taking Viibryd for major depression symptoms of hopelessness, low self-esteem, low energy, no motivation, anhedonia, isolation, poor sleep and appetite. The patient has tried numerous other medications including Zoloft, Prozac, Effexor, Risperdal, Abilify, Cymbalta, Zyprexa, Paxil, and Pristiq, which the patient states have not been helpful or has caused side effects. The treater states that the current medication regimen allows the patient to function and complete ADLs. The patient is currently working part-time with computers with his own business. In this case, this medication appears to be effective in managing this patient's major depressive disorder. ODG supports the use of Viibryd for patients with a diagnosis of MDD, and the treater has provided medication efficacy. Therefore, the request IS medically necessary.