MAXIMUS Federal Services

Case Number:	CM15-0204869		
Date Assigned:	10/21/2015	Date of Injury:	02/14/2012
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 44 year old female, who sustained an industrial injury on 02-14-2012. The injured worker was diagnosed as having major depression disorder single episode - moderated, generalized anxiety disorder and psych fact aff med condition. On medical records dated 08-31-2015 and 09-02-2015, hand written notes are difficult to decipher, the subjective complaints were noted as feeling disoriented, difficult to follow instruction and appears more depressed. Objective findings were noted as decompensation with increased anxiety and depression noted. And needing an adjustment to medication was noted. Treatments to date included medication. The injured worker was noted to be not working. Current medications were not listed on 08-31-2015 and 09-02-2015. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Gabapentin 300mg #90, Trazodone 50mg #30 and Viibryd 20mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter/Vilazodone (Viibryd) Section.

Decision rationale: Per the MTUS guidelines and ODG, Viibryd is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, the injured worker was diagnosed as having major depression disorder single episode - moderated, and generalized anxiety disorder. There is insufficient information submitted for review to approve this request for Viibryd. Specifically, it is unclear how long the injured worker has been prescribed this medication, if the medication was efficacious and what, if any side effects she has encountered with its use. The request for Viibryd 20mg, #30 is not medically necessary.

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is insufficient information submitted for review to approve this request for Gabapentin. Specifically, it is unclear how long the injured worker has been prescribed this medication, if the medication was efficacious and what, if any side effects she has encountered with its use. The request for Gabapentin 300mg, #90 is not medically necessary.

Trazodone 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed. There is insufficient information submitted for review to approve this request for Trazodone. Specifically, it is unclear how long the injured worker has been prescribed this medication, if the medication was efficacious and what, if any side effects she has encountered with its use. The request for Trazodone 50mg, #30 is not medically necessary.