

Case Number:	CM15-0205352		
Date Assigned:	10/22/2015	Date of Injury:	11/01/2004
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male who sustained an industrial injury November 1, 2004. Past history included status post lumbar spine fusion, failed back syndrome, gastroesophageal reflux disease (GERD), diabetes mellitus (DM) and irritable bowel syndrome (IBS). According to the most recent primary treating physician's progress report dated August 3, 2015, the injured worker presented with complaints of increased low back pain with radiation to the legs and difficulty sleeping. His blood sugar is ranging from 149-179. Objective findings included; gait antalgic lumbar spine spasm, decreased range of motion and positive straight leg raise. Some handwritten notes are difficult to decipher. Treatment plan included adjustments to medications. A secondary treating physician's progress report dated August 3, 2015, finds the injured worker presented for psychotherapy reporting he is not doing well and has been very depressed. His neck and back pain is intolerable and he feels very tired from lack of sleep due to pain. His appearance is fatigued and his affect is flattened. He has cognitive deficits and disturbances in concentration. Treatment recommendations included to continue outpatient psychotherapy monthly for three sessions. Diagnoses are major depressive disorder; moderate anxiety; chronic pain-physical impairment, regressed; lumbar and cervical spine radiculopathy; IBS, GERD, DM, insomnia. At issue, is the request for authorization for Viibryd. According to utilization review dated September 21, 2015, the requests for Thallium Test x (1), Psychiatric Consult x (1), and return visit after (2) weeks 9 from 09-14-2015, were certified. The request for Viibryd 40mg tablet Quantity: 30 Refill: (1) (unspecified frequency) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg/tab #30 with 1 refill (unspecified frequency): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant has a remote history of a work injury in November 2004 and is being treated for radiating low back pain, secondary medical conditions, and major depressive disorder. In June 2015 Elavil and Viibryd were being prescribed. In August 2015 his case had been settled. He was having neck and back pain which was intolerable. He had returned to psychotherapy treatment and was not doing well and had been very depressed. He was having side effects when taking Norco. When seen, there was an antalgic gait. There was decreased right lower extremity sensation and positive straight leg raising. There was decreased lumbar range of motion and decreased hip strength. A psychiatry consultation was requested and Viibryd 40 mg #30 was refilled. In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) such as Viibryd, because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. In this case, the claimant has a diagnosis of major depressive disorder with symptoms of worsening depression. Although Viibryd is not an ODG formulary medication and is not referenced in the MTUS guidelines, continued prescribing of an antidepressant is medically necessary.