

Case Number:	CM15-0207261		
Date Assigned:	10/26/2015	Date of Injury:	11/14/2004
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 49-year-old female who sustained an industrial injury November 14, 2004. History included a spinal cord stimulator. According to a physician's office visit notes dated September 24, 2015, the injured worker presented with worsened back pain as medication has run out. The physician documented she is going through withdrawal of Viibryd since the weekend; having cold chills and sweats, waves in her head, and weird dreams once asleep. Current medication included Xanax and Viibryd. Objective findings included; tearful fatigued and diaphoretic; lumbar-paraspinal muscle tenderness with trigger point, decreased flexion at 40 degrees, extension 10 degrees and right and left lateral bending 20 degrees; gait limping, slow and assisted by cane. Her insight and judgment were noted as appropriate. Diagnoses are lumbago; depressive disorder, not elsewhere classified; anxiety. Treatment plan included a prescription for Effexor and at issue, a request for authorization for Viibryd (since at least April 2015). According to utilization review dated September 30, 2015, the request for Viibryd per 09-24-2015 order Quantity: 90 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 20mg #90 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/viibryd.html> and on the Non-MTUS Official Disability Guidelines (ODG), Mental Illness & Stress, Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The request is for Viibryd (Vilazodone), a serotonergic antidepressant that is indicated for treatment of Major Depressive Disorder and can be used for chronic pain. This patient has chronic back pain. The patient's current treatment plan includes a prescription for an additional antidepressant, Effexor, as well as a refill of the Viibryd. There is no explanation or rationale presented for the necessity of two antidepressant medications. In addition, the patient is experiencing significant sleep disturbance, which is a known side effect of Viibryd. Therefore based on the above findings, the request is not medically necessary or appropriate.