

<b>Case Number:</b>	CM15-0220964		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/25/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 47 year old male who sustained an industrial injury on 10-25-2006. A review of the medical records indicated that the injured worker is undergoing treatment for the neck, right shoulder rotator cuff and generalized anxiety disorder with panic attacks. According to the treating physicians' progress reports on 10-22-2015 (psychiatric report) and 10-27-2015 (orthopedic report) the injured worker continues to experience pain in the right shoulder, right upper extremity and lateral aspect of the left arm. Examination demonstrated cervical spine tenderness which increased with extension and bilateral lateral bending. The right subacromial space and distal clavicle area produced pain on palpation. Norco reduces the pain by approximately 60%. The injured worker reported pain causes irritability and poor concentration, depressed mood and low energy levels. The injured worker uses learned breathing techniques to help with the anxiety and irritability along with medications. Propranolol targets his tremors. Examination noted the injured worker to be calm and cooperative with congruent mood, good judgment and insight and a linear, goal directed and logical thought process. Cross tapering of Sertraline to Viibryd for persistent mild depression and irritability was discussed with the injured worker and an agreement was reached. Current medications were listed as Norco, Ibuprofen, Lyrica, Trazodone, Propranolol and Sertraline. Treatment plan consists of cross tapering Sertraline and starting Viibryd and continuing other medications as prescribed, follow-up with orthopedics and the current request for Viibryd 20mg #45. On 11-03-2015, the Utilization Review determined the request for Viibryd 20mg #45 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Viibryd 20mg # 45:** Upheld

**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) pain, anti-depressants - Viibryd.

**Decision rationale:** Examination noted the injured worker to be calm and cooperative with congruent mood, good judgment and insight and a linear, goal directed and logical thought process. Cross tapering of Sertraline to Viibryd for persistent mild depression and irritability was discussed with the injured worker and an agreement was reached. Current medications were listed as Norco, Ibuprofen, Lyrica, Trazodone, Propranolol and Sertraline. Tricyclics or SSRI such as Viibryd are supported under MTUS for neuropathic pain treatment or major depression. The medical records do not indicate major depression or neuropathic pain condition. As such the medical records do not support use of Viibryd congruent with ODG. The request is not medically necessary.