

<b>Case Number:</b>	CM15-0036535		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 59 year old female, who sustained an industrial injury on 3/19/2007, while working as a clerk. The diagnoses have included anxiety disorder, unspecified, and major depressive disorder in partial remission. Treatment to date has included surgical and conservative measures. A prior compensation claim, with no psychiatric part of that claim, was documented in 1997. On 10/17/2014, the injured worker was described as having a moderately tense posture, moderately hostile facial expression, atypical and grim speech, and moderately domineering and slightly suspicious. She exhibited moderate anxiety and sadness. Physically, she reported fatigue, weakness, muscle tremors, and visual difficulties. Emotionally, she complained of anxiety, grief, uncertainty, agitation, depression, control, anger, and feeling overwhelmed. The report noted that she did much better after medicated with Viibryd and Restoril. Medications were noted as stopped three months prior, although Viibryd was given all along, on a pharmacy lien. On 2/17/2015, Utilization Review modified a request for Viibryd 10mg #60 with 2 refills to Viibryd 10mg #60 with 0 refills, citing Official Disability Guidelines, and modified a request for Restoril 15mg #30 with 2 refills to Restoril 15mg with 0 refills, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viibryd 10 MG #60 with 2 Refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The patient presents with fatigue, weakness, muscle tremors, and visual difficulties. Emotionally, she complains of anxiety, grief, uncertainty, agitation, depression, control, anger, and feeling overwhelmed. The request is for VIIBRYD 10MG #60 WITH 2 REFILLS. The RFA provided is dated 02/04/15. Patient's diagnosis included anxiety disorder, unspecified, and major depressive disorder in partial remission. The report noted that she did much better after being medicated with Viibryd and Restoril. The patient is to return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Selective serotonin reuptake inhibitors (SSRIs), a class of anti-depressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The initiation date of Viibryd is unknown. MTUS guidelines recommend SSRIs for depression and psychological symptoms associated with chronic pain. Patient's diagnosis included anxiety disorder, unspecified, and major depressive disorder in partial remission. The patient presents with an indication for Viibryd. Therefore, the request IS medically necessary.

**Restoril 15 MG #30 with 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia Benzodiazepines: temazepam (Restoril).

**Decision rationale:** The patient presents with fatigue, weakness, muscle tremors, and visual difficulties. Emotionally, she complains of anxiety, grief, uncertainty, agitation, depression, control, anger, and feeling overwhelmed. The request is for RESTORIL 15 MG #30 WITH 2 REFILLS. Restoril or temazepam is a benzodiazepine. The RFA provided is dated 02/04/15. Patient's diagnosis included anxiety disorder, unspecified, and major depressive disorder in partial remission. The report noted that she did much better after being medicated with Viibryd and Restoril. The patient is to return to modified duty. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended

for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." The initiation date of Restoril is unknown. MTUS guidelines indicate that "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The request for Restoril #30 with 2 refills will exceed the MTUS recommended limit of 4-weeks. Therefore, the request IS NOT medically necessary.