

Case Number:	CM14-0213577		
Date Assigned:	12/31/2014	Date of Injury:	11/21/2002
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/20/2014

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 is a 38-year-old male with an 11/21/02 date of injury. According to a progress report dated 9/18/14, the patient had current complaints of compensable complex regional pain syndrome and right knee pain. The pain has been continuous and frequently severe, and modified by increase in activity level. He had a pain level of 10/10 at its worst. The pain went down to a 2/10 with an 80% reduction in pain with medications. He also suffered from chronic pain with depression. He has been stable on his medicines, and takes them appropriately and on time. A report date 3/13/14 indicated that he has not been sleeping all that well and was only taking trazodone 50mg, but can take up to 150mg. Objective findings: mood and affect are appropriate; swelling, erythema, moderate mobility deficits, severe tenderness, stability in the joints of right knee area. Diagnostic impression: Complex Regional Pain Syndrome, right knee pain, chronic pain with depression. Treatment to date: medication management and activity modification. A UR decision dated 11/26/14 modified the request for Vibryd 40mg #90 with 2 refills to certify Vibryd 40mg #30 with zero refills and modified the request for Trazodone 150/300mg to certify Trazodone 150mg #20. In order for these medications to be considered for certification on subsequent review, evidence of measurable objective functional benefit as a result of medication and documentation of medical necessity will be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg #90 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Antidepressants for treatment of MDD. Other Medical Treatment Guideline or Medical Evidence: FDA (Vibryd).

Decision rationale: CA MTUS states that SSRI's 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. According to ODG, antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. According to the FDA, Vibryd is an SSRI indicated for the treatment of major depressive disorder (MDD). In the present case, this patient is noted to have a diagnosis of chronic pain with depression. In addition, it is noted that his condition is currently stable on his medications. Therefore, the request for Viibryd 40mg #90 x 2 refills is medically necessary.

Trazodone 150/300mg: Upheld

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

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 and Stress Chapter - Trazodone.

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In the present case, it is noted that he has not been sleeping all that well and was only taking trazodone 50mg, but would occasionally take up to 150mg. In the progress note of 3/13/2014, it is noted the patient is on Viibryd. His psychological exam is normal, but this could well be due to the fact the medication is effective at controlling the patient's symptoms. The sleep disturbance is documented and Trazodone would be a reasonable choice in this patient, in accordance with the ODG criteria, with both sleep disturbance and documentation of depression. However, this request does not specify the dosage of medication requested, trazodone comes in a 150mg formulation and a 300mg formulation. In addition, there is no quantity specified in this request. Therefore, the request for Trazodone 150/300mg, is not medically necessary.

