

<b>Case Number:</b>	CM15-0118054		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/16/1999
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 56 year old female who sustained an industrial injury on October 16, 1999. She has reported back pain, sciatica, and neck pain and has been diagnosed with low back pain, lumbar post laminectomy syndrome, sciatica, radicular pain, neck pain, myositis, and cervicogenic headache. Treatment has included modified work duty, medications, medical imaging, surgery, injections, physical therapy, TENS unit, and a spinal cord stimulator. She had pain with decreased range of motion and tender trigger points in the low back. In 04/2014 she was given the diagnoses of unidentified dysthymic disorder and schizoaffective disorder. She has a history of auditory hallucinations (not command), and paranoia. In 01/2015 Viibryd was restarted. In 02/2015 she was felt to be at risk for psychiatric hospitalization, and at that time had paranoid ideation. She was seen in psychiatric follow up by [REDACTED]. On 05/08/15 mood was slightly dysphoric, affect constricted. She denied suicidal ideation. She endorsed irritability, social isolation, decreased motivation, and fragmented sleep. On 05/27/15 she was anxious, depressed, and had sleep disturbance. She was quiet and appeared sad. Medications included Seroquel XR 300mg and Viibryd 40mg. [REDACTED] gave her samples of Viibryd to prevent complications from lack of meds. Other medications were levothyroxine, cyclobenzaprine, lisinopril, and oxyprol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viibryd 40mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Viibryd Official Disabilities Guidelines Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The patient has a history of and continues to suffer from symptoms of depression disorder and anxiety, and has a history of hallucinations, and paranoid and suicidal ideation. At the time of her last psychiatric follow up with [REDACTED], no severe symptoms were described, and there were no side effects. Viibryd is an SSRI antidepressant, which are first line medications recommended in the treatment of major depression and considered medically necessary. However, as no quantity was specified in this request it is not medically necessary.