

<b>Case Number:</b>	CM15-0176048		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a(n) 35 year old male, who sustained an industrial injury on 2-19-15. The injured worker was diagnosed as having chronic musculoligamentous injury to the cervical spine, lumbosacral strain and persistent headaches post injury. Treatment to date has included a cervical and lumbar MRI on 4-6-15, Norco and Ondansetron. As of the PR2 dated 6-30-15, the injured worker reports pain in his neck and lower back. He rates his pain 6-7 out of 10 at best and 8-9 out of 10 at worst. Objective findings include a negative straight leg raise test and sensory intact to pinprick in all dermatomes in the bilateral lower extremities. There is no documentation regarding the injured worker's mental status or reported depression. The treating physician requested Viibryd 20mg #14 and Viibryd 40mg #30. The Utilization Review dated 8-13-15, non-certified the request for Viibryd 20mg #14 and Viibryd 40mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viibryd 20mg 14 tabs 14 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress-Vilazodone (Viibryd).

**Decision rationale:** Viibryd 20mg 14 tabs 14 day supply is not medically necessary per the MTUS Guidelines and the ODG. Although the MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, the medication Vilazodone is not specifically discussed in the MTUS. Vilazodone (Viibryd) is not recommended for pain per the ODG, but rather it is recommended for PTSD and Major Depressive Disorder. The documentation does not reveal a rationale for this medication such as Major Depressive Disorder or PTSD therefore this request is not medically necessary.

**Viibryd 40mg 30 tabs 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress-Vilazodone (Viibryd).

**Decision rationale:** Viibryd 40mg 30 tabs 30 day supply is not medically necessary per the MTUS Guidelines and the ODG. Although the MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, the medication Vilazodone is not specifically discussed in the MTUS. Vilazodone (Viibryd) is not recommended for pain per the ODG, but rather it is recommended for PTSD and Major Depressive Disorder. The documentation does not reveal a rationale for this medication such as Major Depressive Disorder or PTSD therefore this request is not medically necessary.