

Case Number:	CM15-0078972		
Date Assigned:	04/30/2015	Date of Injury:	05/18/2009
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania, Ohio, 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 52 year old male, who sustained an industrial injury on 5/18/09. He reported low back pain. The injured worker was diagnosed as having status post hemilaminotomies bilaterally at L2/L3 and L3-L4, L3-L4 and L4 and L5 laminectomy, left sided extruded disc and a broad based disc protrusion at L4-5. Treatment to date has included physical therapy, Botox, oral medications, home exercise program and psychotherapy sessions. Currently, the injured worker complains of persistent low back pain. The injured worker states he is doing well with current pain medication regimen. The treatment plan included prescriptions for Neurontin, Xanax, Relafen, continuation of psychotherapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107.

Decision rationale: MTUS recommends the use of SSRI anti-depressants as an option for treating secondary depression in patients with chronic pain. The records do document both depression and chronic pain in this case. However, an initial physician review documents a discrepancy in the requested dosage of Viibryd based upon telephone discussion with the treating provider. Moreover, treating psychiatrist notes in the current file note that on 1/15/15 the patient was given a starter pack of Viibryd but by 2/13/15 the treating psychiatrist reported that Viibryd had not helped the patient and thus he was instead placed on Wellbutrin. Multiple treating PM&R physician notes however through 4/1/15 report ongoing use instead of Celexa from the patient's primary care physician. Therefore the medical records contain multiple inconsistent reports/requests regarding anti-depressant use. The efficacy or indication for the current request has thus not been established. This request is not medically necessary.