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| Case Number: | CM13-0024702 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 05/30/2008 |
| Decision Date: | 01/06/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 36 year old female with a date of injury of 5/30/2008. She apparently fell off of a ladder and incurred head, neck and low back injuries. She had been diagnosed with Postconcussive Syndrome, Post-Traumatic Stress disorder, anxiety and depression. The most recent request for 12 Cognitive Behavioral Therapy (CBT) sessions was made on 8/27/13. On 9/3/13 the request was modified to six sessions between 8/5/13 and 10/28/13. It was noted on 9/13/13 that consideration for approval of further CBT treatments would require clinical updates with objective evidence of improvement. On 9/13/13 both Viibryd and Klonopin were certified for 60 day supplies, and Latuda was non-certified. Latuda 20 mg per day from 8/5/13 through 10/28/13 is again being requested. As of this date the most recent physician clinical document is a progress note dated 8/5/13 per [REDACTED]. The most recent psychotherapy document is dated 7/17/13 per [REDACTED]. Absent necessary current clinical documentation neither of these requests can be certified as medically necessary and appropriate and the prior review determinations dated 9/13/13 will not be changed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, one (1) session per week for twelve (12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness/Stress (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 1, Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG CBT Guidelines for Chronic Pain, pgs. 24-25, Psychological Treatments, pgs. 101-102, and Official Disability Guidelines (ODG) Mental Health and Stress Chapter recommendations for Cognitive Behavioral Therapy Treatment..

Decision rationale: The last clinical note for my review was dated 8/5/13. There are no recent objective clinical findings or information necessary to determine if there was a functional improvement in the claimant's condition to warrant consideration of more CBT treatment authorizations as being medically necessary and appropriate and within the guidelines. There were no clear sequential objective indications of "functional improvement" per the ODG guidelines. There are no recent specific objective clinical findings noting her "mood" and functional status. There was no recent documentation to describe the results of the six psychotherapy visits that were authorized on 9/3/13 to cover dates of 8/5/13 until 10/28/13. As per CA MTUS 9792.20, Medical Treatment Utilization Schedule-Definitions, Page 1 "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Additional CBT treatments, due to a lack of current objective clinical findings are NOT medically necessary nor authorized beyond prior review dated 9/3/13.

Latuda 20mg, #30 between 8/5/2013 and 10/28/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedures Summary-Mental and Stree, Atypical Antipsychotics..

Decision rationale: There was an absence of current objective clinical findings to support the use of an atypical antipsychotic agent, Latuda for the claimant. It is NOT MEDICALLY NECESSARY. The last physician note was dated 8/5/13. Atypical antipsychotic agents are "not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the

list of medications that should be used for Final Determination Letter for IMR Case Number [REDACTED] 4 insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)."