MAXIMUS Federal Services

Case Number:	CM13-0033657		
Date Assigned:	12/06/2013	Date of Injury:	01/20/2003
Decision Date:	05/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Illinois and Wisconsin. 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:

The patient is a 49-year-old male who was injured on 1/20/2003. He has been treated with several psychotropic medications including Wellbutrin, Klonopin, Ativan, Latuda, Risperdal, and Seroquel. He has recieived psychotherapy as well. The diagnosis is Major Depression, single episode, severe with psychotic features. A physician's report dated 9/3 of last year indicates that the patient experiences paranoia, stress, anger, depression and pain. Interesting a urine drug screen (UDS) dated 8/9, was negative for lorazepam and clonazepam. This review represents an appeal of the previous decision to deny coverage for Klonopin, Ativan, Latuda and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 80mg #60 dispensed on 8/28/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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, Treatment Planning, Summary of medical evidence.

Decision rationale: Antidepressants in combination with antipsychotics represent the gold standard in terms of treating psychotic depression. However, there are no guidelines which support the use of more than one (1) antipsychotic medication, and this patient was on three (3) antipsychotic medications. The Official Disability Guidelines indicate that second generation

antipsychotics are not recommended as first line agents, and there is no evidence that the patient has experienced significant improvement on this medication. As such, the use of Latuda should not be considered as supported by either current evidence based practices or individual clinical scenario. The request is non-certified.

Seroquel 300mg #90 dispensed on 8/28/13: 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 and Stress.

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, Treatment Planning, Summary of medical evidence.

Decision rationale: While the use of neuroleptics in conjunction with antidepressants is warranted in cases of psychotic depression, no current practice guidelines or clinical research supports use of three (3) neuroleptics concurrently. The provider has not submitted a clinical rationale for this practice and there is no evidence that the patient has improved. There is no indication of trials with any alternatives. The Official Disability Guidelines do not recommend atypical neuroleptics as a first line treatment. Thus, the use of Seroquel is not supported as evidence based according to the Guidelines, as well as current best practice standards. The request is non-certified.

Ativan 1mg #30 dispensed 8/28/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Page(s): 24.

Decision rationale: The patient apparently has been on this medication for several years. The Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long term use due to risk for dependence. The records do not indicate a rationale for use of this medication, especially in the face of the fact that clinical improvement appears to have been limited. The request is non-certified.

Klonopin wafers 2mg #30 dispensed on 8/28/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 24.

Decision rationale: The patient has been on this medication for several years. The Chronic Pain Guidelines indicate that Benzodiazepines are not recommended for long term use due to risk of dependence. There is minimal if any indication of improvement and the rationale for use of Klonopin is not clear. The request is non-certified.