

<b>Case Number:</b>	CM13-0057184		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 58 year old male who was injured in August of 2010 who was being treated for headaches along with issues with anger and irritability. He has been treated with medications and cognitive behavioral therapy (CBT). A psychological testing report dated 3/6/2013 indicated diagnoses of Generalized Anxiety Disorder, post traumatic stress disorder (PTSD) and major depressive disorder. He has been on Viibryd and the provider is requesting coverage for Latuda and Depakote as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DEPAKOTE ER 500 MG #60, PROVIDED ON NOVEMBER 4, 2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canadian Headache Society Prophylactic Guidelines Development Group, Guideline for migraine prophylaxis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PTSD, Treatment Planning; as well as the Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, APA, November 2004

**Decision rationale:** The California MTUS guidelines are silent in regards to this medication. The Official Disability Guidelines indicate that there is insufficient evidence to recommend a mood stabilizer for the treatment of PTSD. Other evidence based guidelines indicate that limited evidence of efficacy precludes any recommendations for change in practice. As such, this medication is not supported according to current clinical guidelines. Therefore, Depakote ER was not medically necessary or appropriate.

**LATUDA 40 MG #30, PROVIDED ON NOVEMBER 4, 2013:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness And Stress Chapter

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

**Decision rationale:** The data reviewed indicates that the patient is on an established course of Latuda. The ACOEM guidelines indicate that continuing an established course of antipsychotics is important as long as there is a plan to mitigate potential return to work issues. Given this information, there is an evidence based indication for Latuda. Therefore, Latuda was medically necessary and appropriate.