

Case Number:	CM13-0059213		
Date Assigned:	12/30/2013	Date of Injury:	07/26/1999
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 59-year-old with a date of injury of 07/26/99. A progress report associated with the request for services, dated 08/28/13, identified subjective complaints of increased depression as a result of decreasing the dose of her Latuda from 40 mg to 20 mg. Objective findings included a depressed affect. Diagnoses included major depressive disorder with psychotic features; atypical depressive disorder; and panic disorder. Treatment has included oral psychotropic medications including an SNRI antidepressant with an atypical antipsychotic. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "1 prescription of Latuda 20mg".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LATUDA 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,3402.

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 & Stress, Antidepressants; Antidepressants For Treatment Of Mdd; Atypical Antipsychotics and Non-MTUS UpToDate: Unipolar Minor Depression in Adults: Management and Treatment

Decision rationale: Latuda (lurasidone) is an atypical antipsychotic agent used for the treatment of bipolar disorder and schizophrenia. The California Medical Treatment Utilization Schedule (MTUS) does not address depression. The Official Disability Guidelines (ODG) state that antidepressants are recommended for initial treatment of major depressive disorders that are moderate, severe, or psychotic. They state that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Authoritative sources such as UpToDate state, "treatment of minor depression with antidepressant medication monotherapy is generally not recommended." Atypical antipsychotics are not recommended as first-line treatment or for off-label use. They are only FDA-approved for bipolar disorder and schizophrenia. New research indicates that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. A 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 harm. In this case, the patient has a major depressive disorder on an antidepressant. However, the record does not document an indication and medical necessity for the additional atypical antipsychotic, Latuda.