

<b>Case Number:</b>	CM14-0013107		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 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 29-year-old male patient with a 2/2/09 date of injury. He injured himself when he was crushed under falling furniture, which fell off a forklift. A 1/6/14 psychiatric progress report indicated that the patient continued to feel very anxious. He bit his nails, became shaky and had panic episodes. The patient had racing thoughts, kept picking at his skin and did not feel comfortable around people. He reported to have nightmares of falling from a forklift and was scared of heights. The patient continued to have pain in his back and neck. Mental status examination revealed that the patient was irritable, had euthymic mood (non-depressed). His thoughts were linear. Thought contents were devoid of any suicidal ideation, homicidal ideation or auditory or visual hallucinations. He was shaky and irritable. He was diagnosed with major depressive disorder, and panic disorder. Treatment to date: medication management. There is documentation of a previous 1/23/14 adverse determination, because Latuda is used for schizophrenia and depression-associated bipolar 1 disorder, which was not diagnosed in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 20 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Latuda).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Latuda is indicated for the treatment of patients with schizophrenia. The efficacy of Latuda in schizophrenia was established in five 6-week controlled studies of adult patients with schizophrenia. The effectiveness of Latuda for longer-term use, that is, for more than 6 weeks, has not been established in controlled studies. However, there was no documentation that the patient was diagnosed with schizophrenia. In addition, there was no evidence of any hallucinations. It is unclear from the documentation provided as to why this patient is being prescribed Latuda. Therefore, the request for Latuda 20 mg # 30 was not medically necessary.