

Case Number:	CM14-0134394		
Date Assigned:	08/27/2014	Date of Injury:	08/14/2003
Decision Date:	09/26/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/20/2014

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:

Patient is a 47-year-old female who has submitted a claim for lumbosacral disc degenerative disorder, failed lumbar fusion, anxiety, depressive disorder, and insomnia associated with an industrial injury date of 8/14/2003. Medical records from 2008 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, rated 9/10 in severity. The patient likewise experienced anxiety and insomnia secondary to pain. Patient reported that intake of medications allowed 50% reduction in pain severity which resulted to increased ability to perform activities of daily living. She likewise stated that Latuda allowed to keep her mood upbeat. She denied any suicidal radiations. Mental status exam showed appropriate affect. Physical examination of the lumbar spine showed limited motion, muscle spasm, and tenderness. Reflexes were graded +1 at bilateral lower extremities. Sensation was diminished at the left lateral calf and bottom of foot. Treatment to date has included lumbar interbody fusion in 2009, physical therapy, and medications such as Dilaudid (since February 2014), Ativan, Pristiq, Zofran, and Latuda (since July 2014). Utilization review from 8/9/2014 denied the request for Dilaudid 4mg #120 because of no quantifiable measurements of improved function and pain relief; and denied Latuda 40mg #30 because the guidelines did not recommend atypical antipsychotics. It was likewise unclear why Trazodone and Abilify were discontinued in favor of Latuda.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Dilaudid since February 2014. Patient was initially on Norco; however, persistence of symptoms prompted shift of opioid therapy into Dilaudid. Patient reported that intake of medications allowed 50% reduction in pain severity which resulted to increased ability to perform activities of daily living. Patient noted nausea as side effect, however stable with concomitant Zofran. Guideline criteria for continuing opioid management have been met. Therefore, the request for Dilaudid 4mg #120 is medically necessary.

Latuda 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Mental Illness & 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, Atypical AntipsychoticsOther Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Latuda.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. Latuda (lurasidone) is a psychotropic agent belonging to the chemical class of benzoisothiazol derivatives. The mechanism of action of lurasidone is unknown, however has been suggested that the efficacy of lurasidone in schizophrenia is mediated through a combination of central dopamine Type 2 (D) and serotonin Type 2 (5HT2A) receptor antagonism. ODG further states that atypical antipsychotics are not recommended as first-line treatment. In this case, patient complained of symptoms of anxiety, depression, and insomnia. Patient was initially on trazodone and Abilify; however, persistence of symptoms prompted shift of medications into Latuda. Patient reported that Latuda allowed to keep her mood upbeat. The medical necessity for continuing its treatment has been established. Therefore, the request for Latuda 40mg #30 is medically necessary.

