

<b>Case Number:</b>	CM14-0151278		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 patient is a 65 y/o male who developed chronic spinal pain, major depression with psychotic features and PTSD after an injury dated 6/12/12. He is being treated for spinal pain with Hydrocodone 10/325mg QID. Physical therapy and acupuncture have been trialed without benefits. He is treated and followed by a Psychiatrist. Various psychotropic medications have been trialed and when not effective they have been discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermezzo 3.5mg #20:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Insomnia Treatment

**Decision rationale:** MTUS Guidelines does not address this issue. ODG Guidelines do support the pharmacological treatment of insomnia for psychological related secondary insomnia. Guidelines recommend that the medication be tailored to the type of insomnia experienced. The use of Intermezzo meets Guideline criteria and is medically necessary.

**Brintellix 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Major Depression

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines directly address the issue of antidepressants for major depression. Brintellix is an atypical SSRI antidepressant and its use is supported in the Guidelines. The prescribing physician has been monitoring medications for effectiveness. The Brintellix 20mg #30 is medically necessary.

**Latuda 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Major Depression.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines directly address the issue of antidepressants for major depression with/without psychotic features. Latuda can be utilized for bipolar disorder and major depression with psychotic features. Its use is supported in Guidelines. The prescribing physician has been monitoring medications for effectiveness. The Latuda 20mg #30 is medically necessary.