

<b>Case Number:</b>	CM14-0166589		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Psychiatry and is licensed to practice in Texas. 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:

The injured worker is a 40 year old female with a date of injury on 7/29/2009. The injury was a slip and fall with a secondary consequence of anxiety and depression. Medications that have been utilized in this case include: trazodone, Latuda, Xanax and Brintellix. Her diagnosis is major depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** The most recent review denied this medication as not medically necessary. Latuda is a novel antipsychotic. The denial is based upon Official Disability Guidelines' language regarding the use of psycho tropics for chronic pain. In this case, the Latuda is being used as an adjunctive therapy for major depression and not for pain. However, in this case, this is technically an off-label use as Latuda is Food and Drug Administration approved for depressive episodes associated with bipolar depression. As this injured worker does not have bipolar

disorder, the service proposed is not Food and Drug Administration approved. Therefore the request is not medically necessary.

**Xanax 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given the tolerance and dependency issues associated with benzodiazepines, alternative approaches to anxiety are desirable when possible. Pharmacological approaches include the use of some antihistamine derivatives or buspirone. In some cases, alternative antidepressant choices can result in a reduction of anxiety. Therefore, the request is not medically necessary.

**Brintellix 10mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs) ; SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Selective serotonin reuptake inhibitors are accepted in the role of treating depression both that associated with pain as a secondary condition as well as in the treatment of major depression. Brintellix is Food and Drug Administration approved for the treatment of depression. The denial of Brintellix was based upon the assumption this drug is an antipsychotic, which it is not. Brintellix is a selective serotonin reuptake inhibitor. Therefore, the denial is based upon an incorrect premise. Therefore the request is medically necessary.