

Case Number:	CM14-0175580		
Date Assigned:	10/28/2014	Date of Injury:	02/10/2011
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 24 year old female with a date of injury on 2/10/2011. She has been suffering from a dysphoric mood and anxiety. The medication used has been Latuda, titrated from 20 mg to 40 mg/day as augmentation combined with Viibryd, Rozerem, and Klonapin. She was felt to have reached maximum medical improvement on this regimen. Previous treatment approaches have included the use of bupropion and Abilify. A prior review led to a determination of denial for the Latuda based upon its lack of Food and Drug Administration approval for use in major depression as it is only approved for use in bipolar depression and schizophrenia. The appealing physician argues that his injured worker's severe mood disorder is in the realm of bipolar disorder. However, there is nothing provided to indicate a history of bipolar mood instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 20mg daily for 1 week then 40mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 06/12/14)

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 Antipsychotics

Decision rationale: This medication is being used off-label. Although off-label use of various novel antipsychotics in various mood disorders is common, there is nothing in the clinical records to indicate what specific Food and Drug Administration approved alternatives have been tried and failed. There is only the comment regarding one novel antipsychotic and one other antidepressant. The Official Disability Guidelines do not consider the use of novel antipsychotics a first line treatment, but it is not specific for the issues at hand here. The Medical Treatment Utilization Schedule only alludes indirectly to the use of antipsychotics in depressive disorders without setting any specific guidelines. As noted elsewhere in this report, notwithstanding the provider's comment that the injured worker's depression is severe, this does not meet criteria for bipolar depression. Based upon the clinical information provided, the use of Latuda 20 mg daily for 1 week then 40 mg daily #30 is not medically necessary.