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| Case Number: | CM14-0035255 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 02/11/2008 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 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:

56y/o female injured worker with date of injury 2/11/08. Per psychiatric report dated 2/21/14, the patient was profoundly depressed, very anxious, withdrawn, and tearful. The patient was doing better from cognitive behavioral therapy. The patient was not able to get prescription filled last time with the result was a full-blown relapse and profoundly depressed. Treatment plan included Vistaril 25 mg 2-3 times OD for anxiety and panic attacks, Trazodone 50 mg HS, Latuda 40 mg HS, continue Savella 100 mg BID, 12 visits for medication management, and 32 visits with therapist for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40mg #30, as prescribed on 2/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov>.

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: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011010/?report=details>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of Latuda. Lurasidone is used to treat symptoms of psychotic (mental) disorders, such as schizophrenia. This medicine

should not be used to treat behavioral problems in elderly patients who have dementia. The documentation submitted for review does not indicate that the injured worker is being treated for schizophrenia. Medical necessity cannot be affirmed.

Savella 100mg #60, as prescribed on 2/21/2014: 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.

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 & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The MTUS guidelines are silent on the use of Savella. Per ODG: "In the US the FDA has approved milnacipran (Savella) for fibromyalgia, but not for depression." The documentation submitted for review does not indicate that the injured worker is being treated for fibromyalgia. Medical necessity cannot be affirmed.

Twelve Sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ACOEM 2008, ODG Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The request exceeds the maximum quantity of 10 visits over 6 weeks. It is noted in the documentation that the patient benefitted from psychotherapy and looked visibly better, however the documentation lacked evidence of objective functional improvement. The request is not medically necessary.