

<b>Case Number:</b>	CM14-0040742		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

59 years old female with date of injury 5/25/2011, Date of the UR decision was 3/26/2014. Mechanism of injury was listed as Motor Vehicle Accident. Injured worker underwent lumbar Epidural Steroid Injections, medication therapy, Physical therapy and Chiropractic treatment for the pain. Progress report dated 2/28/2013 suggests that the injured worker suffers from excruciating pain in her lower back, neck, shoulder and she was noted to have become increasingly despondent and depressed. The report suggested that she had poor motivation or desire to do much, was experiencing difficulty sleeping at night, was waking up with nightmares and bad dreams. She is reported to be frustrated regarding her pain problems, experiences spontaneous crying spells. Diagnosis of Depressive disorder NOS (not otherwise specified) ( R/O Major Depressive disorder; single episode, Chronic Pain Disorder and Psychological factors affecting medical condition were listed. She was started on Viibryd for depression. Latuda was added by provider to augment effects of Viibryd and to help with anxiety, agitation and irritability per the Progress Report from 2/28/2013. Klonopin was also prescribed that day for anxiety and agitation. Report from 10/22/2013 suggested that injured worker was nervous, anxious, irritable, had profoundly depressed mood. Report from 11/07/2013 suggested that the klonopin would be tapered off. Psychiatric progress report dated 03/18/2014 suggested that she is depressed and discouraged. It was indicated that Fanapt and Latuda were used to alleviate PTSD (Post-Traumatic Stress Disorder) symptoms from the sequelae of MVA (motor vehicular/vehicle accident). The injured worker has been diagnosed with Major Depressive disorder, PTSD and Generalized anxiety disorder per report from 3/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 20mg tablet at bedtime #30, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain last updated 3/10/14 and Mental Illness & Stress last updated 3/14/14.

**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: U.S. Food and Drug Administration- Latuda.

**Decision rationale:** Injured worker has been diagnosed with and is being treated for Major Depressive disorder, PTSD (Post-Traumatic Stress Disorder) and Anxiety disorder. Latuda was added by provider to augment effects of Viibryd and to help with anxiety, agitation and irritability per the Progress Report from 2/28/2013. U.S. Food and Drug Administration approved Latuda (lurasidone HCl) for the treatment of adult patients with depressive episodes associated with bipolar I disorder (bipolar depression), both as monotherapy and as an adjunct to lithium or valproate. It also has a FDA approval for treatment of Schizophrenia. The submitted documentation does not indicate that injured worker suffers from Schizophrenia or Bipolar disorder for which Latuda is FDA approved for at this time. Latuda is being used off label for the injured worker to augment effects of Antidepressant Viibryd as suggested in progress report dated 2/28/2013. The request for Latuda 20mg tablet #30 with 1 refill is not medically necessary at this time.

**Klonopin 0.5mg as needed basis twice a day #60, 1 refill:** 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 Benzodiazepine Page(s): 24.

**Decision rationale:** Progress Report from 2/28/2013 indicated that Klonopin was being prescribed for anxiety and agitation. The injured worker has been continued on as needed Klonopin at least since 2/28/2013 onwards as is indicated from the submitted documentation. MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin as needed on a long term basis. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus request for Klonopin 0.5 mg # 60 with one refill is not medically necessary and appropriate.