

Case Number:	CM14-0041039		
Date Assigned:	06/30/2014	Date of Injury:	10/27/2006
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 is a 55-year-old male with a 10/27/2006 date of injury, when he was kicked and beat in the head. The patient was seen on 8/8/13 with complaints of depression. His family physician was noted to have just placed him on Remeron 30 mg QHS for symptoms relating to anxiety, depression, and insomnia. He also was noted to be taking Buspar and Xanax at that time for anxiety and panic attacks given his diagnosis of a posttraumatic stress disorder. He was seen on 03/17/2014 with complaints of insomnia, depression, and anxiety. He stated that his depression and anxiety were getting worse and requested a prescription for different medications (however he did note that the Xanax 1 mg BID was somewhat beneficial with regard to his anxiety and panic attacks). The patient was noted to be on Xanax, Remeron, Brintellix (an SSRI), and Buspar for his psychiatric symptoms. The patient denied any suicidal ideations and his affect was appropriate. Exam findings revealed limited range of motion in the neck. No mental status exam was documented. The diagnosis is PTSD, depression, insomnia, anxiety and cervical sprain/strain. The request for Latuda was made because the patient's depressive and anxiety symptoms were worsening despite his current medications. Treatment to date: medication. An adverse determination was received on 03/28/2014 given the patient's psychiatric management was being done by his primary care physician and adding an atypical antipsychotic to an antidepressant needs to be done under psychiatric supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Latuda 20 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Atypical Antipsychotics Other Medical Treatment Guideline or Medical Evidence:FDA-LATUDA.

Decision rationale: CA MTUS states that Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The patient's psychiatric symptoms of depression, stress, anxiety, and post-traumatic stress disorder have been worsening since August of 2013. A psychiatric referral was made and certified, however, there is a lack of documentation that the patient has seen a psychiatrist to date. Latuda is an atypical antipsychotic, which per ODG can be used in posttraumatic stress disorder, however not as a first line of treatment. This medication can also be used as an adjunct to clinical depression, however is generally not used as a primary agent. The patient's primary antidepressants were certified to be changed from Remeron to Brintellix (an SSRI) in the UR decision dated 3/28/14. Starting 2 different medications for a patient's psychiatric diagnosis is generally not recommended as it would be difficult to assess the efficacy of one medication over the other. Also, psychiatrist involvement/recommendations are unclear at this time. Therefore, the request for Latuda 20mg #30 is not medically necessary.