

Case Number:	CM14-0048488		
Date Assigned:	06/25/2014	Date of Injury:	06/17/2009
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 38 year old man with a date of injury of 6/17/09 and chronic pain. He was seen by his primary treating physician on 3/17/14 and his psychiatrist on 2/18/14. On 2/18/14, he denied depression or crying spells. It had been five months since his last follow-up. He was said to 'always be paranoid' but denied hallucinations, problems with sleep, appetite or concentration. He had no side effects from medications. His physical exam showed he was cooperative and made good eye contact. His mood was euthymic and affect appropriate. He had no paranoia, fair insight and judgment and fair cognition. His thought process was devoid of any suicidal or homicidal ideation, or auditory or visual hallucinations. His assessment was recurrent major depressive disorder. He was to continue his Viibryd and Latuda but length of therapy was not documented. These medications are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Viibryd 40MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs
Page(s): page(s) 107.

Decision rationale: SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. This injured worker is prescribed Viibryd or Vilazadone which is an SSRI in addition to Latuda. It is not clear why he requires both medications and if his treatment is for depression or chronic pain. His mood is stable / euthymic. The long-term plan of treatment is also not documented nor is there a discussion of a gradual dose reduction. The records do not support the medical necessity or efficacy of Viibryd 40mg.

30 tablets of Latuda 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

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: lorazidone drug information - uptodate.

Decision rationale: This injured worker is prescribed Latuda or Lorazidone which is an atypical antipsychotic in addition to Viibryd. This medication is used in the treatment of schizophrenia or depressive episodes associated with bipolar disorder. It is not clear why he requires both medications and if his treatment is for depression or chronic pain. His mood is stable / euthymic and he has no hallucinations. He also does not have a diagnosis of schizophrenia or bipolar disorder. The long-term plan of treatment is not documented nor is there a discussion of a gradual dose reduction. The records do not support the medical necessity or efficacy of Latuda 40mg.