

Case Number:	CM14-0064255		
Date Assigned:	07/11/2014	Date of Injury:	06/17/2009
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Practice, and is licensed to practice in Arizona. 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 38 year old male who sustained a back injury while working on 6/17/2009 while lifting. His diagnoses include chronic lower back pain, lumbar spondylolisthesis, recurrent major depressive disorder and insomnia. Initial treatment for his back injury was with conservative management though he eventually underwent lumbar spine discectomy surgery and fusion at Lumbar 4-5 on 3/8/2010. Post operatively he received physical therapy and medications and had difficulty weaning off opioid medications. He underwent psychiatric consultation on 11/13/2012 and was prescribed Viibryd, Latuda and Intermezzo. Psychiatric diagnoses include anxiety, major depressive disorder and insomnia. Non psychiatric diagnoses include chronic back pain. The medical records do not describe psychiatric illness prior to the date of injury. Recent psychiatric evaluation describes stable status; He has no hallucinations, no thought disorder, no suicidality with fair judgments insight and cognition. Back pain is ongoing. The request is for Latuda 40 mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Latuda 40mg, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 13-14.

Decision rationale: MTUS 2009 guidelines recommend the use of antidepressant medication for chronic neuropathic pain and as a possibility for non neuropathic pain. Tricyclic antidepressants are the first choice. Assessment of these medications should include not only reduction in pain but improvement in function as well as changes in use of analgesics, sleep quality and duration and psychological assessment. If tricyclics are not tolerated or otherwise contraindicated alternate medications can be used for chronic pain including Viibryd. Latuda is an antipsychotic medication approved by the FDA for the treatment of schizophrenia. This psychiatric condition involves thought disorder, hallucinations, paranoid thought processes and a number of other psychiatric symptoms. It is recommended for use in schizophrenia and is not indicated for chronic pain neuropathic or otherwise. Though the injured worker here has chronic pain and depression he has no symptoms of schizophrenia as described. Medical necessity is therefore not met in this instance.