

<b>Case Number:</b>	CM14-0073800		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/26/1996
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 36-year old female who was injured on 11/26/1996. The diagnoses are low back pain, neck pain, and carpal tunnel syndrome and muscle spasm. There are associated diagnoses of major depression, anxiety and schizophrenia. The patient had completed PT (physical therapy), biofeedback and psychotherapy programs. [REDACTED] noted subjective complaints of guilt, depression and hallucinations. There were objective findings of concrete appearance without gestures or expressions. The medications are clonazepam for anxiety, Pristiq for depression, Latuda and Mellaril for schizophrenia. A Utilization Review determination was rendered on 5/7/2014 recommending non certification for Latuda 40mg #2 refills, Pristiq 100mg #30 2 refills and Mellaril 25mh 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 40mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**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: FDA.

**Decision rationale:** The CA MTUS and the ODG did not specifically address the treatment of schizophrenia in chronic pain patients. The medication Latuda is indicated for the treatment of schizophrenia. The record indicates that the patient had active schizophrenia symptoms. [REDACTED] noted subjective complaints of hallucinations. The objective findings were consistent with active schizophrenia. The CA MTUS and the ODG guidelines recommend that co-existing psychiatric conditions should be treated in chronic pain patients to improve efficacy and compliance with pain medications and decreased adverse drug effects. The criterion for the use of Latuda 40mg #30 with 2 refills is medically necessary.

**Pristiq 100mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG did not specifically address the treatment of depression in chronic pain patients. The medication Pristiq is indicated for the treatment of depression and neuropathic pain syndrome. The record indicates that the patient had active depression symptoms. [REDACTED] noted subjective complaints of flat affect, depression and hallucinations. The objective findings were consistent with active depression. The CA MTUS and the ODG guidelines recommend that co-existing psychiatric conditions should be treated in chronic pain patients to improve efficacy and compliance with pain medications and decreased adverse drug effects. The criterion for the use of Pristiq 100mg #30 with 2 refills is medically necessary.

**Mellaril 25mg with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Management of Schizophrenia.

**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 and Stress. Other Medical Treatment Guideline or Medical Evidence: FDA.

**Decision rationale:** The CA MTUS and the ODG did not specifically address the treatment of schizophrenia in chronic pain patients. The medication Mellaril is indicated for the treatment of schizophrenia. The record indicates that the patient had active schizophrenia symptoms. [REDACTED] noted subjective complaints of hallucinations. The objective findings were consistent with active schizophrenia. The CA MTUS and the ODG guidelines recommend that co-existing psychiatric conditions should be treated in chronic pain patients to improve efficacy

and compliance with pain medications and decreased adverse drug effects. The criterion for the use of Mellaril 25mg with 1 refill is medically necessary.