MAXIMUS Federal Services

Case Number:	CM14-0186822		
Date Assigned:	11/14/2014	Date of Injury:	11/16/2009
Decision Date:	01/05/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Geriatric 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:

The records reviewed include 100 pages of medical and administrative records. The injured worker is a 65 year old male whose date of injury is 11/16/2009, involving multiple thoracic fractures and traumatic brain injury with 8 day hospitalization following a fall from a 15 foot ladder. A tree branch hit his buttock during the fall; he landed on concrete and plywood. He underwent anal fistulotomy in 02/2011. He was left with residual weakness to the left upper and lower extremities. He developed memory and cognitive problems, as well as depression. His diagnosis is depressive disorder not otherwise specified (NOS) and cognitive disorder. He has been receiving psychiatric follow up with [redacted] and [redacted], and psychological follow ups with [redacted]. Pain management is provided by [redacted], those medications include Norco and Neurontin. Primary treating physician's report dated 04/11/13 by [redacted]: pain under control, sleeping better. Psychiatric follow up dated 11/01/13 stated that the patient was seen with a Laotian interpreter, after 6 months. He had not been able to take medications and was feeling more depressed. He had hurt himself, was easily irritated, unable to sleep well partly due to pain. He had feelings of hopelessness, and low energy. He denied suicidal ideation. He was walking with a walker. Objectively mood was depressed, affect constricted, no suicidal or homicidal ideation, insight/judgment fair, cognition fair. He was continued on Latuda 40mg QHS, Viibryd 40mg daily, and started on Cialis 10mg as needed for sexual side effects of his medications. A note dated 11/04/13 from [redacted], clinical and forensic psychology stated that the patient felt more stable after starting his medications 3 days ago. Letter of appeal dated 11/15/13 by [redacted] stated that the patient has severe psychiatric symptoms due to his traumatic brain injury and has been managed since 2011 by a psychiatrist. Latuda has been effective per psychiatrist's report with good mood, appropriate affect, no suicidal or homicidal ideation, no auditory or visual hallucinations. [redacted] stated

"please have a more competent reviewer, perhaps a real physician, and provide reconsideration." Psychiatric follow up dated 12/04/13 states that the patient denied depression, he was sleeping well, denied feelings of hopelessness or helplessness, no problems with energy or concentration. Appetite was good, no suicidal ideation. Medications were continued. Psychiatric follow up dated 01/02/14 states that the patient had been feeling depressed since one of his medications was not filled, which one was not specified. Psychiatric follow up dated 02/03/14 states that the patient was euthymic. He was on Viibryd 40mg, Latuda 40mg, and Cialis 10mg. On 02/07/14 the patient was seen in an emergency psychiatric follow up as had not had Latuda for a few days, it had not been filled. He was "not doing well". The nature of the current emergency was not described other than without Latuda he becomes anxious, depressed and may become suicidal at times. He was given samples of Latuda. Psychiatric follow up dated 04/03/14 states that he was stable and doing well, denied depression. Psychiatric follow up dated 05/02/14 states that the patient was feeling depressed, medications were not filled. He felt hopeless and helpless, unable to concentrate. He denied suicidal ideation. Psychiatric follow up visits of 06/02/14, 07/09/14, 08/08/14, and 09/23/14 were essentially the same. Medications had not been filled and samples were given. The patient continued to be depressed with constricted affect. He complained of memory problems, depression and irritability, affect was constricted; he was not suicidal, homicidal, or psychotic. [redacted] recommended approval of medications to avoid further deterioration which may lead to hospitalization. It is unknown how many samples were given at each visit, e.g. if the patient was given enough to cover him until the next visit. A note dated 09/08/14 by [redacted] indicated that the patient had regressed since stopping psychotropic therapy, becoming less engaged and more withdrawn without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Latuda 40 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress

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 & Stress, Atypical antipsychotics

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines is silent regarding Latuda. The Official Disability Guidelines were utilized in this decision. The Official Disability Guidelines states, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications.

(Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. "The patient's course that is outlined in the summary shows deterioration while off of medications. It appears however that he has not been receiving either the Viibryd or the Latuda. As such it is difficult to discern the cause of his decline, the lack of Viibryd or lack of Latuda, or both. The prudent course of action would be to restart an antidepressant, titrate to an appropriate dose to stabilize the patient's symptoms, then re-evaluate for the necessity for an augmentation strategy at that time. It should be noted that while Official Disability Guidelines does not recommend atypical antipsychotics as first line treatments, adding a second generation antipsychotic (e.g. Latuda) would be for purposes of augmentation in a patient who lacks response to antidepressant therapy. Latuda has a more favorable side effect profile than those standardly used (e.g. Abilify, Risperidone). Therefore, this request is not medically necessary.