

<b>Case Number:</b>	CM14-0201721		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 licensed in Psychiatrist (MD) 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:

Injured worker is a 43 year old male with date of injury 03/06/2009. Date of the UR decision was 11/06/2014. Per report dated 9/10/2014, the injured worker presented with left shoulder pain and reported the pain level to be 5/10 with medications and 8-9/10 without medications. It was suggested that he had functional Improvement with medications which allowed him to lift objects with the left shoulder, dress himself, comb his hair etc. He was being prescribed Clonazepam 0.5 mg, Latuda 40 mg, Levitra 20 mg, Norco, Nuvigil, Viibryd, flexaryl, Hydrochlorothiazine, Lisinopril. He was diagnosed with chronic pain syndrome, Unspecified psychosis, Generalized anxiety disorder and unspecified derangement of shoulder region. Per report dated 10/20/2014, he suffered from a massive heart attack recently and underwent stent placement x 2. He complained of persistent left shoulder pain due to his rotator cuff tear and is status post acromioplasty with Mumford procedure and rotator cuff repair and was awaiting authorization for the second half of the functional restoration program. He was also given the diagnosis of Major depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 40mg OD #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental, Atypical Antipsychotics

**Decision rationale:** Per FDA.gov, Latuda (lurasidone HCl) is approved for treatment of Schizophrenia and in Bipolar Depression as 1) monotherapy and 2) adjunctive therapy with either lithium or valproate, both to treat adult patients with major depressive episodes associated with bipolar I disorder (bipolar depression). In this case, the injured worker has been given the diagnosis of chronic pain syndrome, unspecified psychosis, generalized anxiety disorder and also Major Depressive Disorder. The use of Latuda in this case seems to be an off label use. Also, Latuda is an atypical antipsychotic medication and there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Thus, the request for Latuda 40mg OD #30 is excessive and not medically necessary.

**Levitra 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

**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.gov- LEVITRA®

**Decision rationale:** Per FDA.gov-LEVITRA is indicated for the treatment of erectile dysfunction. There is no documentation available regarding the injured worker suffering from an erectile dysfunction. Thus, the request for Levitra 20mg #30 is not medically necessary.