

Case Number:	CM14-0201828		
Date Assigned:	12/12/2014	Date of Injury:	02/27/2009
Decision Date:	01/31/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	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 Board Certified in Occupational Medicine 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 male with date of injury 2/27/2009. The injured worker is suffering from chronic pain, major depression, and insomnia. Per psychiatric follow up visit dated 11/21/2014, the injured worker is very frustrated and angry that his medications are not being filled. He has been feeling depressed. His sleep is a problem. The last time he slept only for one hour. He does not enjoy anything. He has feelings of helplessness and hopelessness. His energy is fair. His concentration is low. His appetite is low. He has lost weight recently. He has no psychomotor agitation or retardation. He has no suicidal ideation or homicidal ideations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg/tab, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Viibryd Subheading and on the Non-MTUS www.drugs.com, Viibryd

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

Decision rationale: Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Viibryd are effective at addressing psychological symptoms associated with chronic pain. The injured worker also has major depression disorder which may benefit from the use of Viibryd. The request for Viibryd 40mg/tab, #30 is determined to be medically necessary.

Latuda 40mg/tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Latuda

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: www.drugs.com and www.guidelines.gov.

Decision rationale: Latuda is an antipsychotic medication that is being prescribed as an adjunct in the treatment of major depressive disorder. The MTUS Guidelines and the ODG do not address the use of antipsychotic medications in the treatment of chronic pain or in mental illness and stress. A search of the National Guideline Clearinghouse indicate that antipsychotic medications are an off label use when used to treat major depression disorder. There are recommendations for the use of antipsychotic medications when psychotic features accompany major depression disorder, which is not the case for this injured worker. The request for Latuda 40mg/tab #30 is determined to not be medically necessary.