

Case Number:	CM15-0106435		
Date Assigned:	06/10/2015	Date of Injury:	04/20/2009
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 61 year old male with an industrial injury dated 04/20/2009. His diagnosis was mood disorder. Prior treatment included medications and psychiatric visits. He presents on 05/14/2015 with continuing anxiety. He denies being depressed most of the time. His energy, concentration and appetite are good. He had no psychomotor agitation or retardation. He denied any suicidal ideations or homicidal ideations. He was alert and oriented, cooperative and made good eye contact. He had "trouble finding words." Thought process was linear and affect was constricted. He had fair cognition, insight and judgment. Treatment plan consisted of continuing Viibyrd 40 mg daily for depression and Latuda 40 mg daily for mood stabilization. Restoril was increased to 30 mg at night. The injured worker had noted only sleeping 6-7 hours a night. The request is for Latuda 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, latuda.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is DA approved in the treatment of schizophrenia. The patient does not have this as a primary diagnosis and therefore the request is not medically necessary.