

Case Number:	CM15-0106846		
Date Assigned:	06/11/2015	Date of Injury:	03/21/2007
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic neck, shoulder, and knee pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of March 21, 2007. In a utilization review report dated May 4, 2015, the claims administrator failed to approve requests for clonazepam and Latuda. The claims administrator referenced progress notes and RFA forms of April 20, 2015, April 27, 2015, and March 5, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing issues with sleep apnea, knee pain, shoulder pain, depression, anxiety, and sexual dysfunction. CPAP filters, Norco, and knee MRI imaging were endorsed. The applicant had undergone earlier failed shoulder and knee surgeries, it was reported. The applicant was given permanent work restrictions. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. The applicant's complete medication list was not detailed. There was no mention of the applicant's psychotropic medications on this date. In an April 28, 2015 medical-legal report, it was stated that the applicant was using multiple psychotropic medications, including Cymbalta, Klonopin, Wellbutrin, Latuda, and Lexapro. It was stated that Klonopin was being employed for anxiolytic effect, while Latuda was being employed for bipolar disorder. Lexapro, Wellbutrin, and Cymbalta were being endorsed for issues with depression, it was suggested. In a March 5, 2015 psychiatric progress note, the applicant's psychiatrist stated that the applicant was not able to work. The applicant's ability to sleep, exercise, mood, and appetite had all been ameliorated, it was stated. The applicant denied any suicidal or homicidal intent. Klonopin, Requip, and nefazodone were refilled. On April 17, 2015, the applicant's psychiatrist noted that the applicant was sad, tearful, and depressed owing to the recent demise of a family member. The applicant was again placed off of work. The applicant was visibly angry, anxious, tearful, sad, sobbing, and agitated, it was reported. Multiple medications were continued and/or renewed, including

Lexapro, Latuda, Requip, and Klonopin. The applicant's relationships with family members remained the source of significant stress, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg 3 times a day #90 plus 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request for Klonopin, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the applicant had seemingly been employing Klonopin for what appears to have been a minimum of several months to several years. Long-term usage of clonazepam (Klonopin) for anxiolytic effect, thus, runs counter to ACOEM principles and parameters. Continued usage of the same, thus, was not indicated. Therefore, the request was not medically necessary.

Latuda 20mg one daily #30 plus 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness & stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47. Decision based on Non-MTUS Citation Food and Drug Administration, Latuda.

Decision rationale: The request for Latuda, an atypical antipsychotic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotic is important, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work and had been deemed unable to work from a mental health perspective; it was reported on the April 17, 2015 office visit at issue. While the Food and Drug Administration (FDA) does acknowledge that Latuda, an atypical antipsychotic, is indicated in the treatment of depressive episodes associated with bipolar disorder, either as monotherapy or as adjunctive therapy, here, however, ongoing use of Latuda had seemingly failed to ameliorate the applicant's issues with depression and/or bipolar disorder. Ongoing use of Latuda failed to curtail the applicant's dependence on Klonopin, which the applicant was seemingly using at a rate of three tablets daily as of the April 17, 2015 office visit in question. The applicant remained tearful, sad, sobbing, agitated, and non-communicative; it was reported on April 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20(e), despite ongoing usage of Latuda. Therefore, the request was not medically necessary.