

Case Number:	CM15-0161290		
Date Assigned:	08/28/2015	Date of Injury:	11/25/2014
Decision Date:	10/02/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 42 year old male, who sustained an industrial injury on November 25, 2014. He was reported to have sustained a head injury when a roll gate on a truck fell on his head. The injured worker was diagnosed as having postconcussion syndrome, adjustment disorder with depressed and anxious features, personality disorder, depressive disorder, posttraumatic headaches, photophobia, hearing loss, aphasia, suicidal ideation, and impairment of balance. Treatments and evaluations to date have included psychiatric treatment, an audiogram, and medication. Currently, the injured worker reports significant headaches and problems with confusion and disorganization. The Treating Physician's report dated July 30, 2015, noted the injured worker was being followed for psychiatric treatment. The injured worker was noted to have significant periods of depression, having been treated with a variety of psychotropic medications. The injured worker was noted to have previously had a hospitalization for suicidal thoughts. The injured worker was noted to be restarted on the Seroquel, and maintained on Wellbutrin, Topamax, Valium, and Latuda. The injured worker was noted to be unable to take care of basic activities of daily living and functioning, being temporarily totally disabled on a combined psychiatric and neurological basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40 mg 1 x daily; 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Atypical antipsychotics and Other Medical Treatment Guidelines www.latuda.com/LatudaPrescribingInformation.pdf.

Decision rationale: Latuda (Lurasidone) is an atypical anti-psychotic. It has been approved for the treatment of depressive episodes associated with bipolar I disorder in adults when used alone or in combination with Lithium or Valproate. The documentation indicates the patient has depression treated with Topamax, Seroquel and Valium. The patient is under the care of a psychiatrist and has been medically stable on this medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Valium 5 mg 3 x daily; 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Mental Illness & Stress Chapter, Benzodiazepines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note benzodiazepines are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence, with most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The Official Disability Guidelines (ODG) notes that benzodiazepines are not recommended for long term use as long term efficacy is unproven with a risk of psychological and physical dependence or frank addiction, with most guidelines limiting the use to four weeks. In this case, the patient is under the care of a psychiatrist and has been stable on this medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.