

<b>Case Number:</b>	CM15-0162801		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on May 3, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for bilateral shoulder and right elbow complaints. The diagnoses have included lateral epicondylitis, left shoulder pain, right elbow pain, carpal tunnel syndrome, anxiety disorder and major depression-reoccurring. Treatment and evaluation to date has included medications, radiological studies, nerve blocks, right lateral epicondyle injections, cognitive behavior therapy and left shoulder surgery. The injured worker was not working. Current documentation dated August 7, 2015 notes that the injured worker was in pain, anxious and depressed. The injured worker was noted to be co-operative and coherent. His speech was normal and his judgment and attention were intact. The treating physician's plan of care included a request for Latuda 60 mg # 60 with 2 refills and Prazosin 1 mg # 150 with 2 refills for nightmares.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 60 MG #60 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Atypical Antipsychotics.

**Decision rationale:** The patient presents with anxiety and depression. The current request is for Latuda 60mg #60 with 2 refills. The treating physician's report dated 08/07/2015 (32B) states, "Mood was depressed, anxious and slight labile. Motor activity was restless. Speech was normal. Thought process was coherent." Medical records do not show a history of Latuda use. The ODG guidelines under the Mental Illness and Stress Chapter on Atypical Antipsychotics state, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications."The physician does not provide a rationale for this request. In this case, there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Furthermore, there does not appear to be any benefit from antipsychotics in terms of improved quality of life and functional improvement. The current request is not medically necessary.

**Prazosin 1 MG #150 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes Chapter, Hypertension treatment.

**Decision rationale:** The patient presents with anxiety and depression. The current request is for Prazosin 1 mg #150 with 2 refills. The treating physician's report dated 08/07/2015 (32B) states, "Prazosin 1mg 5 tabs q hs #150 with 2 refills for nightmares." The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Diabetes Chapter on Hypertension treatment recommends Prazosin (Minipress) as second line therapy for hypertension. The ODG Guidelines do not address the use of Prazosin outside the treatment for hypertension. The patient does not have a diagnosis hypertension that would require the use of alpha-adrenergic blockers. In this case, the patient does not meet the criteria based on the ODG Guidelines for Prazosin. The current request is not medically necessary.