

<b>Case Number:</b>	CM15-0167197		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old male who sustained an industrial injury on 11-2-98. In a psychiatric follow-up visit note dated 5-22-15, the treating physician reports the injured worker sleeps with the help of medications and feels depressed most of the time. He continues to be in a lot of pain with a burning sensation. It is noted that he feels frustrated with the whole situation and that he enjoys driving but cannot drive due to pain. In a psychiatric follow-up visit note dated 8-13-15, the treating physician reports he has been doing better and is stable at this time. He sleeps for about 8 hours with the help of Trazadone. It is noted that he does not enjoy things as much and has feelings of hopelessness or helplessness. His concentration is a problem at times. The assessment is Major Depressive Disorder, recurrent, and Attention Deficit Disorder. The plan is to continue Latuda 40 mg each bedtime, Cymbalta was discontinued, Klonopin 0.5mg up to 2 times a day as needed for anxiety and restlessness, Adderall 10mg half daily, and Brintellix 10mg was increased to 20mg daily. The requested treatment is Latuda 40mg #30 and Klonopin 0.5mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Atypical antipsychotics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Atypical antipsychotics and Other Medical Treatment Guidelines Latuda Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work-related injury in November 1998 and is being treated for chronic pain with diagnoses also including major depressive disorder and anxiety. He sustained a left lower extremity crush injury requiring extensive treatment and has also undergone a right carpal tunnel release and has pain due to neuropathy. When seen, by his psychiatrist, he had done well with Brintellix samples. His Cymbalta dose was decreased. Latuda was continued. Xanax was being prescribed for anxiety and restlessness and Adderall for concentration. Brintellix was prescribed. Latuda is an atypical antipsychotic indicated for the treatment of schizophrenia and for depressive episodes associated with bipolar depression, either as monotherapy or as adjunctive therapy with lithium or valproate. In this case, the claimant does not have a diagnosis of bipolar depression. In terms of major depressive disorder, adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. The benefits in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Therefore, this medication was not medically necessary. Prescribing Latuda was not medically necessary.

**Klonopin 0.5mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Antidepressants for treatment of MDD (major depressive disorder).

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

**Decision rationale:** The claimant has a remote history of a work-related injury in November 1998 and is being treated for chronic pain with diagnoses also including major depressive disorder and anxiety. He sustained a left lower extremity crush injury requiring extensive treatment and has also undergone a right carpal tunnel release and has pain due to neuropathy. When seen, by his psychiatrist, he had done well with Brintellix samples. His Cymbalta dose was decreased. Latuda was continued. Xanax was being prescribed for anxiety and restlessness and Adderall for concentration. Brintellix was prescribed. Xanax (alprazolam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.