

Case Number:	CM15-0192674		
Date Assigned:	10/06/2015	Date of Injury:	09/27/2004
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old male sustained an industrial injury on 9-27-04. Documentation indicated that the injured worker was receiving treatment for lumbar disc displacement and major depressive disorder with psychotic features. Previous treatment included ongoing psychiatric care, physical therapy, chiropractic therapy and medications. In a psychiatric progress note dated 8-13-15, the injured worker stated that he was still hearing voices. The physician noted that the injured worker was experiencing auditory hallucinations. The injured worker was guarded and depressed with flat affect and poor eye contact. The injured worker made no loose associations. The treatment plan included samples of Latuda to decrease hallucinations as well as continuing with Ability, Cymbalta and Amitiza. In a psychiatric progress note dated 9-9-15, the injured worker reported that Latuda had been helping with his depression. The physician stated that the injured worker was depressed and that the injured worker was still hearing voices but denied any suicidal or homicidal thoughts. The injured worker's affect was flat and he made poor eye contact. The treatment plan included requesting authorization for Latuda and continuing Abilify, Cymbalta and Amitiza. On 9-15-15, Utilization Review modified a request for Latuda 20mg #30 with 2 refills to Latuda 20mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Atypical antipsychotics (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental illness/ Atypical antipsychotics and Other Medical Treatment Guidelines FDA. gov: Latuda.

Decision rationale: Per FDA. gov: Latuda is an atypical antipsychotic for the treatment of: Schizophrenia, Depressive episodes associated with Bipolar I Disorder (bipolar depression), as monotherapy and as adjunctive therapy with lithium or valproate. The injured worker has been diagnosed with lumbar disc displacement and major depressive disorder with psychotic features. Per progress report dated 8-13-15, the injured worker was experiencing auditory hallucinations. The objective findings included guarded and depressed with flat affect and poor eye contact. The treatment plan included samples of Latuda to decrease hallucinations as well as continuing with Ability, Cymbalta and Amitiza. Per psychiatric progress note dated 9-9-15, he reported that Latuda had been helping with his depression. The injured worker does not have any condition for which Latuda has FDA indication for. Also per ODG guidelines, atypical antipsychotics are not covered for conditions covered by ODG. Thus, the request for Latuda 20mg #30 with 3 refills is excessive and not medically necessary.