

<b>Case Number:</b>	CM15-0022951		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/20/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Illinois

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:

The injured worker is a 48-year-old female who reported an injury on 08/20/2005. The mechanism of injury was unspecified. Her relevant diagnoses include depression disorder. Her past treatments include medications and psychiatric care. The psychiatric examination on 01/05/2015 indicated the injured worker complained of persistent bilateral foot pain and ankle pain. The injured worker also complained of low back pain and was noted to have undergone multiple reconstructive surgeries. The injured worker indicated she was unable to function in day to day activities and was not able to sleep well at night. She also noted she wakes up with nightmares/bad dreams, and has been very agitated, tearful, and paranoid. The psychiatrist noted that the injured worker's cognitive function was significantly impaired with poor concentration, attention, insight, and judgment. The treatment plan included a recommendation for ongoing psychiatric care and treatment to alleviate the effects of her industrial injury, cognitive behavioral therapy, along with Fetizma, Latuda, and Vistaril for anxiety and panic attacks, and trazodone for insomnia. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda tab 40mg, #30:** 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 and Stress Chapter, Antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health issues, atypical antipsychotic.

**Decision rationale:** The request for Latuda tab 40mg, #30 is not medically necessary. The Official Disability Guidelines state that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The injured worker was indicated to have depression, anxiety, and insomnia. However, the guidelines do not recommend the use of atypical antipsychotics due to the lack of evidence to support its use. Based on the guideline recommendations, the request is not supported. As such, the request is not medically necessary.