

Case Number:	CM15-0066839		
Date Assigned:	04/14/2015	Date of Injury:	03/06/1995
Decision Date:	08/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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:

The injured worker is a 68 year old female who sustained an industrial injury on 03/06/1995. Current diagnosis includes bipolar disorder. Previous treatments included medication management, and psychiatric evaluation and treatment. Injured worker is a 68 year old female with date of injury 3/6/1995 and the date of UR decision was 3/25/2015. Report dated 03/16/2015 noted that the injured worker presented for continued treatment of bipolar disorder. Physical examination was positive for abnormal findings. The treatment plan included discussion of medications. Disputed treatments include Latuda and Artana. Per progress report dated 3/16/2015, the injured worker has been diagnosed with Bipolar disorder not otherwise specified and presented as being hyperactive and unable to sleep for a few days and was experiencing paranoia. The submitted documentation indicates that the injured worker has been treated with several psychotropic medications including Olanzapine, Haldol, Invega sustenna, Risperidone, Saphris, Depakote and Lithium. She had a lithium overdose in the past. The injured worker is also being prescribed Depakote and Zoloft at this time for psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40mg, per 03/16/15 order Quantity: 7.00 with 4 refills.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress (updated 02/10/15), <http://www.ncbi.nlm.nih.gov/pubmed/22545643>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Per progress report dated 3/16/2015, the injured worker has been diagnosed and treated for Bipolar disorder not otherwise specified and presented as hyperactive, being unable to sleep for a few days. She has had poor response to several other antipsychotics and mood stabilizers in the past. She is being continued on Depakote at this time. The use of Latuda is clinically indicated for treatment of Bipolar disorder as adjunctive therapy with Depakote. It seems that the injured worker is being given one week supply of the medication at a time because of hx of Lithium overdose in the past. Thus will respectfully disagree with UR physician's decision and will authorize the request for Latuda 40mg, per 03/16/15 order Quantity: 7.00 with 4 refills. This request for Latuda is medically necessary.

Artane 2mg, per 03/16/15 order Quantity: 14.00 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15058500>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: ARTANE (trihexyphenidyl).

Decision rationale: Per FDA.gov: ARTANE (trihexyphenidyl) is indicated as an adjunct in the treatment of all forms of parkinsonism (postencephalitic, arteriosclerotic, and idiopathic). It is often useful as adjuvant therapy when treating these forms of parkinsonism with levodopa. Additionally, it is indicated for the control of extrapyramidal disorders caused by central nervous system drugs such as the dibenzoxazepines, phenothiazines, thioxanthenes, and butyrophenones. Per progress report dated 3/16/2015, the injured worker has been diagnosed and treated for Bipolar disorder not otherwise specified and presented as hyperactive, being unable to sleep for a few days. There is no indication for use of Artane in this case. There is no documentation of symptoms of parkinsonism or extrapyramidal symptoms. Thus, the request for Artane 2mg, per 03/16/15 order Quantity: 14.00 with 4 refills is not medically necessary.