

Case Number:	CM13-0051973		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2010
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 50 year old male injured on 2-1-2010. The patient has had symptoms of anxiety and panic and has been treated with klonopin, viibryd, and latuda 40 mg. He has been diagnosed with Depressive Disorder N.O.S. He received 6 psychotherapy sessions in early 2013. The records provided indicate that his depression and anxiety are from a work related injury. ■■■■■ in ■■■■■ on 5-30-12, stated in his record "As a psychiatrist, I am fairly comfortable with non-psychiatric physicians prescribing antidepressant medication and anxiolytic medications. However, the patient needs to be on an atypical antipsychotic. That medication, in my opinion, should be prescribed only by a psychiatrist, even if the Latuda is used to augment the effect of Viibryd." The patient has been on Viibryd since at least May 2012 and the records indicate it increases his functioning. ■■■■■ charted clearly on latuda on 3-1-13: "I will add Latuda 20 mg at bedtime #30 that will supplement and augment the effect of Viibryd and help with his anxiety, irritability and agitation." The issue at hand is the medical necessity of latuda.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Procedure Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The records provided indicate that his depression and anxiety are from a work related injury. [REDACTED] in [REDACTED] on 5-30-12, stated in his record "As a psychiatrist, I am fairly comfortable with non-psychiatric physicians prescribing antidepressant medication and anxiolytic medications. However, the patient needs to be on an atypical antipsychotic. That medication, in my opinion, should be prescribed only by a psychiatrist, even if the Latuda is used to augment the effect of Viibryd." The patient has been on Viibryd since at least May 2012 and the records indicate it increases his functioning. [REDACTED] charted clearly on latuda on 3-1-13: "I will add Latuda 20 mg at bedtime #30 that will supplement and augment the effect of Viibryd and help with his anxiety, irritability and agitation." As such, Latuda is medically necessary per guidelines.