

<b>Case Number:</b>	CM14-0163365		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert 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 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/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:

Injured worker is a 68 year old male with date of injury 11/2/1998. Date of the UR decision was 9/29/2014. Psychiatric report dated 9/4/2013 indicated that the injured worker was being prescribed Klonopin, Cymbalta, Deplin, Abilfy and Adderall. It was stated that the Adderall was helping him with his attention span and concentration and also to augment the effect of antidepressant effects of Cymbalta. Report dated 9/15/2014 suggested that he complained of neck pain, numbness in the last two digits of both hands. He reported leg pain as 9/10 without medications and 1/10 with medications. He complained of depression and insomnia. He was diagnosed with Shoulder pain, Rotator cuff syndrome, Low back pain, Lumbar degenerative disc disease, Chronic pain syndrome and cervical disc disease with fusion C3-C6. The injured worker has been diagnosed and treated for Major Depressive Disorder by the treating Psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adderall XR 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADDERALL® (amphetamine, dextroamphetamine mixed salts)

**Decision rationale:** Per FDA, ADDERALL (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker has not been diagnosed with ADHD or narcolepsy. The injured worker has been diagnosed and treated for Major Depressive Disorder by the treating Psychiatrist. It has been indicated that Adderall has been helping the injured worker with attention span and concentration but there is no diagnostic indication of ADHD based on his presentation. The use of adderall for him seems to be "off label". The request for Adderall XR 10mg #60 is not medically necessary.

**Latuda 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stress & Mental, Atypical Antipsychotics and FDA.gov-Latuda

**Decision rationale:** ODG states "Atypical antipsychotics: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications." Latuda is approved for Monotherapy and Adjunctive Therapy in Adult Patients with Bipolar Depression as well as to treat schizophrenia in adults. The injured worker has been diagnosed and treated for Major Depressive Disorder by the treating Psychiatrist. Latuda is not indicated for Major Depressive Disorder. The request for Latuda 20mg #30 is not medically necessary.