MAXIMUS Federal Services

Case Number:	CM15-0007939		
Date Assigned:	01/26/2015	Date of Injury:	04/20/2009
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, with a reported date of injury of 07/28/2000. The diagnoses include degenerative lumbar disc, and lumbar facet syndrome.Treatments have included intrathecal therapy.The progress report dated 12/09/2014 indicates that the injured worker complained of low back pain and headaches. The injured worker stated that the headaches may have been related to intrathecal clonidine. He presented for a pharmacological re-evaluation, pump analysis, refill, and programming. The injured worker was pleased with his clinical response to intrathecal therapy and required no other adjunctive opioids at that time. The low back pain was achy and slight to moderate. Documentation indicates that the injured worker had no history of high blood pressure or angina. An examination of the low back showed normal range of motion and a normal neurological examination. The treating physician requested one chest x-ray and one electrocardiogram (EKG); however, no rationale was provided.On 01/08/2015, Utilization Review (UR) denied the retrospective request for one (1) chest x-ray and one (1) electrocardiogram (EKG), noting that the medical records do not indicate any objective findings that would need a chest x-ray, and the records indicate that the injured worker was not over age 55 and did not have a history of smoking, high blood pressure, or angina. The Non-MTUS Institute for Clinical Systems Improvement, the Non-MTUS American College of Physicians, the Non-MTUS American College of Radiology, and the Non-MTUS American College of Cardiology Foundation was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 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, Mental Illness & Stress Chapter, Antipsychotics; Atypical antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and stress, Atypical antipsychotics

Decision rationale: The patient presents with low back pain and headaches. The current request is for Latuda 40mg #30. The treating physician report dated 12/23/14 (14E) states the patient is seen for a psychiatric follow-up visit. His present psychiatric medications are Latuda 40mg, Fetzma 40mg. He is being followed for anxiety and depression associated to a work related injury. The physician goes on to state, He continues to improve. He is more alert, cooperative and today spoke a few words. He was able to say things like hello, how are you but could not maintain a conversation. The MTUS guidelines do not address the current request. The ODG guidelines state 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. Reports provided show the patient has been taking Latuda since at least 7/7/14. The report dated 7/7/14 states, He has been without medication and is not sleeping and paces back and forth all the time. He does not speak much and acts bizarrely. He definitely needs medication and in reviewing previous notes this has been an ongoing process of not receiving his much needed medication and it is highly recommended that his medications be approved as soon as possible. In this case, the patient may very well need this medication but there is a lack of documentation of failed first line treatments. Furthermore, there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. The current request does not satisfy the ODG guidelines as outlined in the mental illness and stress chapter. Recommendation is for denial.