

<b>Case Number:</b>	CM15-0126803		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 58-year-old male who sustained an industrial injury on 12/01/2004. Diagnoses include depressive disorder. Treatment to date has included medications, psychiatric medication management and psychotherapy. According to the progress notes dated 3/16/15, the injured worker reported feeling frustrated due to insurance denial of his psychotropic medications. He reported having crying spells, feeling hopeless, having low energy and anhedonia. On examination, the provider noted poor concentration, psychomotor agitation and weight gain. The injured worker was without psychotropic medications for two months. In notes from the provider on 5/28/15, it was stated the injured worker was a significant suicide risk due to inconsistent medication availability. A request was made for Latuda 20mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Latuda 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American Psychiatric Association, Official Disability Guidelines, J Clin Psychiatry, 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/Atypical antipsychotics.

**Decision rationale:** According to ODG, atypical antipsychotics are not recommended as a first-line treatment. The medical records note that the injured worker has responded well to the current medication regimen. Without his medication, he has reported having crying spells, feeling hopeless, having low energy and anhedonia. On examination, the provider noted poor concentration, psychomotor agitation and weight gain. The injured worker is not to have a significant risk of suicide due to inconsistent medication availability. The request for Latuda 20 mg #30 is therefore medically necessary and appropriate.