

Case Number:	CM15-0023000		
Date Assigned:	02/12/2015	Date of Injury:	08/05/2011
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 39-year-old male who reported an injury on 08/05/2011 due to his foot getting stuck in a ditch, causing him to fall backwards hitting his head and back. On 08/08/2014, he presented for a follow-up evaluation regarding his work related injury. He reported constant neck, upper mid and low back pain with associated headache, left leg pain, and tingling down the left foot with a burning sensation. A physical examination showed pinprick sensation was diminished from the left knee down to the ankle and foot. He had a slow, smooth, well-coordinated heel to toe reciprocal ambulation and he could get on and off the examination table without assistance. There was tenderness with palpation at the ATF area. He had an exacerbated low back pain with Lasegue sign and also a poor tolerance to the Faber's test maneuver. There was positive tenderness to palpation on the occiput, paraspinals in the cervical, thoraco, and lumbar spine, as well as the shoulder blades and buttocks. He was diagnosed with chronic pain disorder, chronic neck pain, chronic headache, chronic pain along the left eye, chronic back pain, chronic left ankle pain, and depression. The treatment plan was for Latuda 40 mg. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 40mg: 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.

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, Atypical Antipsychotics.

Decision rationale: The Official Disability Guidelines do not recommend atypical antipsychotic medications as a first line treatment and state that there is insufficient evidence to recommend these medications for conditions covered in the Official Disability Guidelines. A clear rationale was not provided for the necessity of treatment with the medication Latuda. Without a clear rationale that this medication is indicated to treat the injured worker's condition, the request would not be supported. Also, there is a lack of evidence showing his response in terms of pain relief and increase in function with the use of this medication. Furthermore, the quantity and frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.