

<b>Case Number:</b>	CM13-0019308		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/30/2002
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Anesthesiology and Pain Medicine 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:

34 year old female injured worker with date of injury 11/30/02 had right knee pain with aching, tenderness and swelling, muscle pain and tenderness, and pain with and without movement. The injured worker also had back pain though the upper and lower back that was aching, burning, stabbing, throbbing, and shoots down legs. She was diagnosed with derangement of medial meniscus, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, and adjustment disorder with depressed mood. A lumbar MRI done 3/6/09 showed L5-S1 disc disruption. An MRI of the lumbar spine done 1/20/12 demonstrated severe disc disease at the L5-S1 level. She was status post right knee surgery x3, including cruciate ligament reconstruction, patellar tendon autograft, chondroplasty of the femoral condyle, and anterior cruciate ligament stump allograft repair. As such, she had a failed right knee surgery syndrome. She had positive straight-leg raise testing bilaterally. She had an L5 sensory dermatome deficit present bilaterally. In May 2009 she was evaluated by a psychologist who indicated the presence of recurrent, severe major depressive disorder, and global assessment of functioning score of 50, indicative of severe functional debilitation. The injured worker demonstrated self mutilating behavior with apparent history of suicidal and homicidal ideations. She had a treating psychiatrist but that provider left the area. She had dental caries likely secondary to xerostomia from narcotic analgesic use. The injured worker was treated with physical therapy, the use of a cane, and medications including anti-epileptics, tricyclic antidepressants, hypnotics, SSRIs, NSAIDs, sumatriptan, and methadone. The date of UR decision was 8/9/13. The latest available document for this review was date 12/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamictal 100mg daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 20.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, p20 "Lamotrigine (Lamictal) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSCI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007)." The injured worker does not have any of these conditions. Per UR physician's report dated 11/12/13, the injured worker was already receiving Lyrica (pregabalin) and oxcarbazepine, both AED medications, which were probably being used for neuropathic pain control or treatment of anxiety or mood stabilization. MTUS also states, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in a woman of childbearing age. Preconception counseling is recommended for anticonvulsants (due to reductions in the efficacy)." Without documentation of pain relief and improvement in function as well as documentation of side effects incurred with use, medical necessity cannot be affirmed, so based upon strict interpretation of IMR criteria this request is determined to be not medically necessary.

**Oxcarbazepine 150mg, 3 every 12 hours, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 20.

**Decision rationale:** The UR physician thought that in June 2008, a neurologist's evaluation had indicated the possibility of a seizure disorder. However, [REDACTED] noted that patient saw a neurologist on 6/08, and neurologist said they did not think she had a seizure disorder. 8/12/13 provider note states this medication was being used for neuropathic pain. Per MTUS Chronic Pain Medical Treatment Guidelines (CPMTG), p21 "Oxcarbazepine has demonstrated benefits for treating neuropathic pain, specifically trigeminal neuralgia and diabetic neuropathy (ICSI, 2007)." The patient does not have either of those conditions. MTUS also states "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." Per UR physician's report, the injured worker was already receiving Lyrica (pregabalin), an anti-seizure medication, which was probably being used for pain control. MTUS also states, "After initiation of treatment there should be documentation of pain relief and

improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in a woman of childbearing age. Preconception counseling is recommended for anticonvulsants (due to reductions in the efficacy)." Also, it is not clear that periodic sodium level monitoring is occurring. Without documentation of pain relief and improvement in function as well as documentation of side effects incurred with use, medical necessity cannot be affirmed, so based upon strict interpretation of IMR criteria this request is determined to be not medically necessary.

**Sumatriptan 50mg, #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Head, Triptans.

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

**Decision rationale:** The MTUS is silent on the use of triptans. The ODG guidelines state, "Recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated." This medication is indicated for the treatment of headaches, particularly migraine headaches. Per available documentation, the injured worker has been treated with 50 mg sumatriptan at onset, repeat one time in 2 hours for migraines, this is appropriate use. The documentation in the provider's notes 11/12/13 state "She does have a number of adjunctive medications that are non-narcotic. She relates having substantial amount of mental clearing, increased cognitive function, and increased functional capacity with change in medications along with the following program." I respectfully disagree with the UR physician who stated "The prescription of a triptan medication for the treatment of migrainous headache should be left up to a neurologist, and there was no significant clinical issue with recurrent migrainous headaches, as per recent documentation." The injured worker has reported recurrent headaches since medical records dating back to 2012, and has since been treated with this medication. The assertion that triptans should only be prescribed by neurologists is not supported by guidelines nor is it a standard of care. The request is medically necessary.

**Seroquel 100mg, 2 at bedtime, #80: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Mental Illness and 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, Quetiapine (Seroquel). *Depress Anxiety*. 2007; 24(7):487-94. "Quetiapine adjunct to selective serotonin reuptake inhibitors or venlafaxine in patients with major depression, comorbid anxiety, and residual depres

**Decision rationale:** MTUS is silent on this. Seroquel is an antipsychotic medicine used for the treatment of bipolar disorder (manic depression) and schizophrenia. It is also used together with antidepressant medications to treat major depressive disorder in adults. With regard to Seroquel, the ODG guidelines state, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g. quetiapine, risperidone) for conditions covered in ODG." This patient has a significant history of major depression and anxiety with previous suicide attempt and self mutilation behaviors. The use of quetiapine as an adjunct in the treatment of major depressive disorder is FDA approved. Per provider progress report dated 11/12/13, "She does have a number of adjunctive medications that are non-narcotic. She relates having substantial amount of mental clearing, increased cognitive function, and increased functional capacity with change in medications along with the following program." The patient has been suicidal and exhibited self-mutilation in the past, and abrupt discontinuation of this medication could be dangerous. The request is medically necessary.

**Consultation with a spine surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM second Edition (update 2007), Chapter 7, pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** The ACOEM guidelines state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." I respectfully disagree with the UR physician's assertion that there is no indication that the patient needs to see a specialist. The documentation submitted for review indicates the injured worker's surgical potential which would allow her to minimize her need for narcotic and increase her functional capacity. Her updated MRI in 2012 discloses a disc injury at L5-S1 without any disc injury at any level above this level. While the actual report of the 2012 MRI is not available for my review, the provider implies this demonstrates the potential for a good outcome with surgery. The request is medically necessary.

**Prescription Rozerem 8mg., ½ tab daily, #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 (ODG) Treatment Index, Insomnia treatment.

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

**Decision rationale:** MTUS is silent on this treatment. According to the ODG, Rozerem is a selective melatonin agonist indicated for difficulty with sleep onset. The documentation submitted for review indicates that the injured worker has been using Ambien for difficulty sleeping, per 11/12/13 progress report. The documentation does not support the need for multiple medications for the same condition.

**Saphris 10mg daily, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stahl's Essential Psychopharmacology

**Decision rationale:** According to Stahl's Essential Psychopharmacology, Saphris (asenapine) is an antipsychotic medication used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder in adults, and is also used off-label to treat treatment resistant depression. Per the UR physician's report the injured worker was not diagnosed with schizophrenia or bipolar disorder. However, this drug has been effectively used off-label as an adjunct for depression. My review of the records demonstrates that the patient has been diagnosed with major depression and was suicidal and exhibited self-mutilation in the past, and abrupt discontinuation of this medication could be dangerous. Per provider progress report dated 11/12/13, "She does have a number of adjunctive medications that are non-narcotic. She relates having substantial amount of mental clearing, increased cognitive function, and increased functional capacity with change in medications along with the following program." "The request is medically necessary.

**Viibyrd 430mg daily, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 107.

**Decision rationale:** According to MTUS CPMTG with regard to SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." and per p16 "More information is needed regarding the role of SSRIs and pain." The injured worker is diagnosed with major depressive disorder and anxiety. Per provider progress report dated 11/12/13, "She does have a number of adjunctive medications that are non-narcotic. She relates having substantial amount of mental clearing, increased cognitive function, and increased functional capacity with change in medications along with the following program."

The patient has been suicidal and exhibited self-mutilation in the past, and abrupt discontinuation of this medication could be dangerous. The request is medically necessary.