

Case Number:	CM13-0028485		
Date Assigned:	11/27/2013	Date of Injury:	11/05/2008
Decision Date:	02/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 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:

Date of injury 11-5-08. This is a 36 year old male. Complex neurologic consultation AME report dated 07/24/13 indicates that the claimant currently reports constant pain of the upper limbs rated 8/10 and the lower limbs rated 9/10. The claimant reports frequent pain of the shoulders rated 6/10. The claimant report intermittent pain of the face rated 4/10, rare pain in the neck rated 1/10, and rare pain in the jaws rated 2/10. The claimant reports rare pain in the upper back, mid back, and low back, as well as buttocks rated 2/10. The claimant reports numbness and tingling of all four limbs entirely. The claimant reports that this is constantly present. The claimant reports constant and marked weakness of the upper and lower limbs. The claimant reports constant anxiety and depression described as moderate to severe. Medications include Topiramate, Lithium, Seroquel, Cymbalta, Lyrica, Clonazepam, and Percocet. The claimant reports impaired sexual function due to depression and impaired sleep due to pain. On exam, there is diminished sensation of the first web space of the right foot and the right lateral foot Deep tendon reflexes are trace to 1+. The claimant is able to arise from the wheelchair and walk a few steps with an antalgic gait. Urine drug screen dated 02/11/13 reveals positive Hydrocodone, Norhydrocodone, and Hydromorphone. The issue at hand is medical necessity for seven medications: 1. Seroquel 2. Levothyroxine 3. Topiramate 4. Klonopin 5. Lithium 6. Cymbalta 7. Hydrocodone

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel (Quetiapine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Efficacy and Comparative Effectiveness of Off-Label Use of Atypical Antipsychotics.

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, section on atypical antipsychotics

Decision rationale: The request being reviewed now is "Decision for Quetiapine." The request, as worded has no endpoint, quantity or duration. The request seems to be for an unlimited quantity of quetiapine into perpetuity. In the case at hand, the patient is being competently managed with quetiapine and six other medications. Quetiapine itself may very well be medically necessary. However, the request as worded is not medically necessary because quantity of "unlimited" exceeds guidelines.

Levothyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug, Levothyroxine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association.

Decision rationale: In the present case, the patient appears to need thyroid replacement as discussed in the guideline. However, the issue at hand, "Decision for Levothyroxine" appears not to have an endpoint as worded. The way that this request is worded, it appears that the request is unlimited into perpetuity, and as such is not medically necessary.

Topiramate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: According to the records provided and the CA MTUS, Topiramate seems to be a good drug for the patient in this case. The present case involves deciding the medical necessity of "Decision for Topiramate." The way that this request is worded, it appears that the request has no endpoint. The request appears to denote an unlimited amount of topiramate into perpetuity. The unlimited aspect of the request exceeds CA MTUS guidelines which are finite, and as such makes the request not medically necessary.

Klonopin (Clonazepam): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The way that this request is worded is as follows: " Decision for Clonazepam." This wording makes the request appear to have no endpoint. An unlimited quantity of clonazepam exceeds the guideline limit of six weeks, and as such is not medically necessary

Lithium: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[Http://us.gsk.com/products/assets/us_eskalith.pdf](http://us.gsk.com/products/assets/us_eskalith.pdf)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA/DoD Clinical Practice Guideline for management of bipolar disorder in adults.

Decision rationale: The CA MTUS and the ODG are silent on the use of lithium. The VA/DoD clinical practice guideline for management of bipolar disorder in adults lists lithium as first line treatment for patients with bipolar disorder. The patient being discussed was treated for the diagnosis of depression. Lithium would be appropriate for this patient for treatment of depression as an augmentation agent. The way that this request for lithium is worded makes the request appear to be for unlimited amounts of lithium into perpetuity. This would exceed guideline limits and as such is not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: In the case being reviewed, the patient had pain and depression, making Cymbalta indicated and a seemingly good choice. However, the way that the request for Cymbalta was worded, it appeared that there was no endpoint. The apparent request for an unlimited amount of Cymbalta into perpetuity exceeds guideline quantities and as such is not medically necessary.

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient apparently has been on Norco since at least March 2014, and it is no longer effective. The patient does not have moderate to severe nociceptive pain such as pain secondary to cancer. Further, the medication request as worded has no endpoint. The request for hydrocodone appears to be unlimited. Treatment with hydrocodone into perpetuity exceeds guideline limits, and as such is not medically necessary.