

<b>Case Number:</b>	CM13-0030344		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for dizziness, nausea, bipolar disorder, depression, post-concussion syndrome, and neck pain associated with an industrial injury that occurred on February 3, 2005. As of November 8, 2012, the applicant carries a diagnosis of psychosis for which Invega has been used. The introduction of Invega has halted the applicant's pattern of psychiatric hospitalizations. Topamax is being used for bipolar disorder; he also takes Motrin for pain. The applicant is living in an assisted living facility, and his sister ensures that he is taking his medications. Thus far, the applicant has been treated with the following: analgesic medications, unspecified amounts of psychological counseling, a cervical pillow, unspecified amounts of vestibular rehabilitation over the life of the claim, and work restrictions. A progress note dated August 14, 2013 states that the applicant is still having unchanged dizziness and nausea. He denies hearing voices, and any delusional symptoms. The applicant does not leave his home, and exhibits 5/5 strength. The applicant has to cease smoking. It does not appear that the applicant's limitations have been endorsed; the only diagnosis listed is that of traumatic brain injury. An earlier progress note dated April 29, 2013 issues diagnoses of lower extremity cellulitis, history of psychosis with bipolar disorder, history of seizure disorder, history of traumatic brain injury, tobacco dependence, and history of sepsis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one Invega injection (156 mg) every month: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) data for Invega.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, continuing an establishing course of antipsychotics is important. Invega is an antipsychotic medication being used for psychosis and/or bipolar disorder here. It is further noted that the favorable ACOEM recommendations are echoed by the Food and Drug Administration (FDA), which notes that Invega is indicated in the treatment of schizophrenia and/or mood disorders, either as monotherapy or in conjunction with antidepressants. For these reasons, the request is certified.

**The request for one prescription of Topamax 200 mg, #60:** Overturned

**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 based on Non-MTUS Citation Prim Care Companion, J Clin Psychiatry. 2000 June; 2(3): 96-100. PMID: PMC181115. Sanjay Gupta, M.D., Prakash S. Masand, M.D., Bradford L. Frank, M.D., M.P.H., Kari L. Lockwood, R.N., and Peggy L. Keller, R.N., C., M.S.

**Decision rationale:** Page 21 of the MTUS Chronic Pain Medical Treatment Guidelines discusses the use of Topamax in the treatment of neuropathic pain, but does not address its use in the bipolar context. As noted in the Gupta Journal of Clinical Psychiatry article, Topamax is a valuable alternative to existing mood stabilizers in individuals with bipolar disorder or schizoaffective disorder. The attending provider has stated that ongoing use of Topamax has been beneficial, and has kept the applicant from being rehospitalized in a mental health facility. Therefore, the continuation of Topamax is indicated, and the request is certified.

**The request for 12 sessions of psychological counseling:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15 do endorse counseling for various purposes, including reducing tobacco consumption, the MTUS does not establish a specific frequency for psychological counseling. In this case, the applicant has had unspecified amounts of counseling over the life of the claim, and continues to see a psychiatrist. It is unclear why he needs to have 12 further sessions of counseling; he does not appear to have

profited from them, as he has failed to cut back on tobacco consumption despite encouragement from treating providers. Therefore, the request remains non-certified.

**The request for Meclizine 25 mg, #15: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Food and Drug Administration (FDA) data for Antivert Â® (Meclizine).

**Decision rationale:** The attending provider has indicated that he is furnishing Meclizine to combat medication-induced nausea on a short-term basis, to be used only in the event of nausea when and if it arises. The MTUS does not address the topic of Meclizine use, but the Food and Drug Administration (FDA) has deemed it effective in the management of nausea, vomiting, and dizziness associated with motion sickness. Providing 15 tablets of Meclizine in this instance is considered appropriate.

**The request for Viibryd in unknown amounts: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation National Library of Medicine data on Viibryd

**Decision rationale:** Viibryd, per the National Library of Medicine, is an antidepressant indicated in the treatment of major depressive disorder. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, antidepressants may often take weeks to exert their maximal effect. In this case, the attending provider has suggested that the applicant is stable on his present battery of psychotropic medications, which have allowed him to avoid being rehospitalized in a mental facility. Continuing Viibryd, then, albeit at an unknown amount or quantity, is indicated.

**The request for Paliperidone in unspecified amounts: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation National Library of Medicine data on Paliperidone

**Decision rationale:** As noted in the National Library of Medicine, Paliperidone is an antipsychotic used to treat schizophrenia. As noted in the MTUS-adopted ACOEM Guidelines in

Chapter 15, continuing an established course of antipsychotics is important. As stated by the attending provider, the current regimen of psychotropic medications has allowed the applicant to avoid any recent psychiatric hospitalizations. Therefore, the continuation of Paliperidone is indicated, and the request is certified.