MAXIMUS Federal Services

Case Number:	CM13-0060949		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2007
Decision Date:	03/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Illinois and Wisconsin. 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:

This is a 54 year old male who sustained injury on 6/26/07. The patient is on numerous medications including Klonopin, Xanax, Marinol, "Probiotic 120 billion colonies per day," Androderm, Seroquel, and Abilify. He has had troubles with anxiety, difficulty sleeping, and has been substantially underweight. Diagnoses include alcoholism, bipolar disorder, chronic pain, and PTSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 120 Xanax 0.5mg, one by mouth four times a day: Upheld

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

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

Decision rationale: The MTUS guidelines indicate that benzodiazepines such as Xanax are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this instance, the patient has a history of alcohol abuse and therefore is at particular risk for dependence. Xanax is therefore contraindicated both by the cited guideline

against long term use, and the clinically increased risk for abuse and dependence given the history of alcoholism. The request is noncertified.

The request for 30 Marinol 10mg, one a day by mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: The MTUS Guidelines indicate that cannabinoids are not recommended. The only FDA-approved indications are for the treatment of anorexia associated with weight loss in patients with AIDS, or for nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. As such, the medical necessity for Marinol is not established. The request is noncertified.

The request for 30 probiotic, 120 billion colonies per day by mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna guidelines for probiotics, and the US Food and Drug Administration Regulations Governing Label Claims for Food Products, Including Probiotics. [redacted]. Clin Infect Dis. (2008) 46 (Supplement 2): 5119-S121. doi 10.1086/523328.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guidelines for the Treatment of Patients with Bipolar Disorder, Second Edition, APA, April 2002; and Practice Guidelines for the Treatment of Patients with Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, APA, November 2

Decision rationale: The rationale for the use of probiotics is not clear according to the records submitted. Also, their recommendation for treating either bipolar disorder or PTSD is not evidence-based, as they are not indicated according to the APA practice guidelines. The MTUS does not cite an evidence based indication for them in the treatment of chronic pain. As such they are not considered to be medically necessary. The request is noncertified.

The request for 30 Androderm patches 4mg, one per day: Upheld

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 Int J Endocrinol. 2012; 2012: 280724. Partial Androgen Deficiency, Depression, and Testosterone Supplementation in Aging Men. Mario Amore et al.

Decision rationale: APA practice guidelines do not indicate this medication for either bipolar disorder or PTSD; its use in chronic pain is not evidence based. A literature review listed in the above-mentioned citation has shown that testosterone supplementation was not shown to be effective for treating depression. As such, the data reviewed do not indicate medical necessity for this medication. The request is not medically necessary.

The request for Klonopin 1mg, one by mouth four times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines indicate that benzodiazepines such as Klonopin are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this instance, the patient has a history of alcohol abuse and therefore is at particular risk for dependence. Klonopin is therefore contraindicated both by the cited guideline against long term use, and the clinically increased risk for abuse and dependence given the history of alcoholism. The request is noncertified.

The request for 90 Seroquel 100mg, three tablets by mouth at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ODG guidelines indicate that there is insufficient evidence to recommend atypical antipsychotics for the treatment of PTSD. There is no evidence-based recommendation to use Seroquel for chronic pain, and the medical records do not indicate a rationale for its use. As such the data reviewed do not indicate medical necessity for the use of Seroquel. The request is noncertified.

The request for 90 Abilify 10mg, one by mouth three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ODG guidelines indicate that there is insufficient evidence to recommend atypical antipsychotics for the treatment of PTSD. There is no evidence-based recommendation to use Abilify for chronic pain, and the medical records do not indicate a

rationale for its use. As such the data reviewed do not indicate medical necessity for the use of Abilify. The request is noncertified.