

Case Number:	CM13-0064711		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2007
Decision Date:	06/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The patient is a [REDACTED] employee who has filed a claim for major depression, post-traumatic stress disorder, and chronic pain associated with an industrial injury date of June 26, 2007. Thus far, the patient has been treated with activity modification, Seroquel, Abilify, Xanax, Klonopin, Marinol, Wellbutrin, Lunesta, Remeron, Doxepin, Prozac, Geodon, meditation, physical therapy, cognitive behavioral therapy, and multiple right hip surgeries. A review of progress notes from 2012 to 2013 indicates that patient has extreme anxiety with fear of surgery, low weight with no appetite due to anxiety, difficulties falling and staying asleep, panic attacks, low energy, poor concentration, depressed mood, hopelessness, and difficulty managing medical problems. There are no suicidal thoughts, hallucinations, or delusions. Patient also has sensitivity to light and noise. There is note that Seroquel, Abilify, and Marinol help with sleep. Patient is also on a 3,000 calorie/day diet for managing weight. Progress note from March 2013 reports episodes of hypomania, where patient only needed a few hours of sleep and was energetic. The utilization review dated November 26, 2013 indicates that the claims administrator denied a request for Xanax, Klonopin, Abilify, and Seroquel as there is no documentation of treatment with a first line antidepressant medication, and these medications are being used to sedate the patient of situational anxieties; and Marinol and Androderm as these medications are not indicated to stimulate appetite.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg QID P.O. #120: 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 Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been on this medication since at least October 2012. This medication is not recommended for long-term use and there is no clear documentation of benefits derived from this medication. Therefore, the request for Xanax 0.5 mg 4 times a day by mouth, #120 is not medically necessary per the guideline recommendations of MTUS.

Marinol 10mg a day P.O. #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cannabinoids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Marinol.

Decision rationale: California MTUS does not specifically address this issue. The FDA states that Marinol Capsules is indicated for the treatment of anorexia associated with weight loss in patients with AIDS; and nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. Patient has been on this medication since April 2013. There is no documentation of nausea or vomiting in this patient, as well as use and failure of first-line medications to increase appetite in this patient. Also, this medication is a psychoactive drug and is not appropriate for use in this patient with multiple psychiatric comorbidities. Therefore, the request for Marinol 10 mg a day by mouth, #30 is not medically necessary per the recommendations of the FDA.

Androgerm patches 4mg 1 patch a day #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74. Decision based on Non-MTUS Citation FDA, Androderm.

Decision rationale: California MTUS states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In addition, the FDA states that Androderm is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. In this case, the requesting

physician has prescribed this for severely low levels of testosterone, for depression, and to increase appetite. Patient has been on this medication since June 2013. Testosterone level measured May 31, 2013 has increased to 368ng/dL, which is already within normal reference range. Repeat laboratory testing in September 2013 did not measure testosterone levels. Also, this medication is not indicated primarily to increase appetite and manage depression. Therefore, the request for Androgerm patches 4 mg 1 patch a day, #30 is not medically necessary per the recommendations of FDA.

Klonopin 1mg QID P.O.: 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 Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Patient has been on this medication since at least October 2012. This medication is not recommended for long-term use and there is no clear documentation of benefits derived from this medication. There is also no rationale for the use of multiple sedative medications in this patient without use of any first-line anti-depressants or anti-anxiety medications. Therefore, the request for Klonopin 1 mg 4 times a day by mouth is not medically necessary per the guideline recommendations of MTUS.

Seroquel 100mg 3 tabs qHS P.O. #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Seroquel.

Decision rationale: California MTUS does not specifically address this issue. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex. Patient has been on this medication since January 2013 with note that it helped with depression, insomnia, and anxiety. There is documentation of episodes in the past of hypomania in this patient with reduced need for sleep. The diagnosis was only stated as "rule out Bipolar disorder". There is not enough evidence to confer an established diagnosis of Bipolar I disorder. There is no clear indication as to the necessity of this medication. Therefore, the request for Seroquel 100 mg 3 tabs every night at bedtime by mouth is not medically necessary per the recommendations of the FDA.

Abilify 10mg TID P.O. #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Abilify.

Decision rationale: The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. Patient has been on this medication since February 2013. In this case, the diagnosis was only stated as "rule out Bipolar disorder". There is not enough evidence to confer an established diagnosis of Bipolar I disorder. Likewise, patient is not on first-line anti-depressants for the management of major depressive disorder for this medication to be considered an adjunct to therapy. Therefore, the request for Abilify 10 mg three times a day by mouth, #90 is not medically necessary per the recommendations of the FDA.