

Case Number:	CM14-0037908		
Date Assigned:	06/25/2014	Date of Injury:	12/10/2007
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 expert 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 injured worker is a 53 year old female who sustained an injury on 12/10/07 secondary to work related stress and threats causing post-traumatic stress disorder. The injured worker has been followed for a history of depression, anxiety, difficulty sleeping, and tearfulness. The injured worker was described as having multiple panic attacks which have required emergency room visits. The injured worker was seen on 02/15/14 with a deteriorating psychiatric condition. The injured worker described more depression symptoms due to a relationship ending. Medications at this visit included Lexapro 20mg, Wellbutrin 450mg, Lamictal, Trazadone 50mg, Fanapt 2mg, and Methylphenidate which was contributing to significant side effects for which she stopped taking this medication. It is noted that the injured worker's treating physician was closing its office and care was recommended to be transferred to another provider. Medications were continued at this evaluation. A report from 04/08/14 from a treating psychologist did note severe post-traumatic stress disorder with panic attacks and dissociative episodes as well as nightmares, insomnia, and depression. The injured worker did present as extremely anxious and depressed and tremulous. The injured worker described difficulty concentrating and her thinking was loose and tangential. There were concerns regarding life threatening behaviors given the dissociative episodes noted. The requested Clonazepam 0.5mg, Lamotrigine 200mg and Methylphenidate 10mg were all denied by utilization review on 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #60: Overturned

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

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

Decision rationale: The injured worker does have noted extreme anxiety which is contributing to tangential thinking as well as dissociative episodes. Given the severe psychological symptoms including anxiety and depression, the use of Clonazepam to mitigate the anxiety symptoms would be supported as medically necessary and standard of care. Therefore, Clonazepam 0.5mg #60 is medically necessary.

Lamotrigine 200mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics, page(s) 16-22 Page(s): 16-22.

Decision rationale: The injured worker does not present with any objective findings consistent with a seizure disorder or any neurological conditions resulting in neuropathic pain. There is no indication of headache symptoms or other conditions that would support the use of this anticonvulsant. Given the lack of indications for this medication, Lamotrigine 200mg #90 is not medically necessary.

Methylphenidate 10mg #30: 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 Other Medical Treatment Guideline or Medical Evidence: Methylphenidate (Daytrana). (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the requested Methylphenidate 10mg, quantity 30, the clinical reports on 02/15/14 indicated that there were side effects from this medication for which the injured worker stopped taking it. Given the reported side effects from this medication that led to the injured worker ceasing its use, Methylphenidate 10mg #30 is not medically necessary.