

Case Number:	CM14-0065881		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2007
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 34 year old female with date of injury of 9/27/2007. A review of the medical records indicate that the patient is undergoing treatment for depression, anxiety, and bipolar disorder, and low back pain. Subjective complaints include continued low back pain at 7/10. Objective findings include decreased lumbar range of motion and tenderness to palpation, depressed mood and affect. Treatment has included physical therapy, HELP program, epidural steroid injections, Cymbalta, Xanax, Seroquel, Lithium, Abilify, alprazolam, Gabapentin, Norco, and Lamictal. The utilization review dated 4/23/2014 non-certified Xanax and Lamictal.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Xanax 0.5mg: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: MTUS and ODG states that benzodiazepine (ie Xanax) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Xanax "Not recommended". Medical records indicate that the patient has been on Xanax for an unspecified amount of time, and the plan is to restart that medication for a month, which would exceed MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. In fact, there is just a single note from 3/13/2014 which details the request for this medication and any pertinent history related to it. As such, the request for Xanax .5 mg is not medically necessary.

1 month supply of Lamictal 25mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Connolly et al. The Clinical Management of Bipolar Disorder: A Review of Evidence-Based Guidelines Prim Care Companion CNS Disord. 2011; 13(4).

Decision rationale: While the MTUS does mention Lamictal extensively, it is only in the context of pain (neuralgia, HIV, and central post-stroke pain), not as a treatment for a psych disorder. Therefore, the medical literature was consulted. ODG also fails to mention how Lamictal can be used in a psych context. The above cited research does state that "Bipolar depression should be treated with Quetiapine, olanzapine/fluoxetine combination, or Lamotrigine." However, the evidence is moderate for Lamotrigine, but strong for the others. The treating physician would like to restart Lamictal for this employee, however, there is no indication of past attempts at using first-line therapy which has failed (such as Quetiapine). Therefore, Lamictal is not medically necessary.