

Case Number:	CM14-0081380		
Date Assigned:	07/18/2014	Date of Injury:	11/12/1996
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation 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 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 60 year-old patient sustained an injury on 11/12/1996 while employed by [REDACTED]. Request under consideration include Haloperidol, 2 mg, #30. Diagnoses include PTSD, Panic disorder, Schizoaffective Disorder. Report of 3/6/14 from a provider noted the patient is stressed about insurance changes and loss of nurse and transportation. Anxiety symptoms are managed with Xanax with helps his symptoms. The patient continues to be frustrated with physical pain. Exam showed patient to be cooperative, friendly, engaging, talkative, making normal eye contact, appeared calm, pleasant, and demonstrated good insight and judgment. Current medications list Neurontin, Xanax, Haldol, Cogentin, and Cymbalta. The request for Haloperidol, 2 mg, #30 was partially-certified for quantity #20 on 5/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Haloperidol, 2 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 18. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Mental & Stress, PTSD pharmacotherapy, pages

557-558, There is insufficient evidence to support the recommendation for a pharmacological agent to prevent the development of PTSD. (VA/DoD, 2004) Recommend against the long-term use of benzodiazepines to manage core symptoms in PTSD. (Kosten, 2000) Recommend against typical antipsychotics (chlorpromazine, haloperidol and thioridazine) in the management of PTSD. (Stein, 2000).

Decision rationale: This 60 year-old patient sustained an injury on 11/12/1996 while employed by [REDACTED]. Request under consideration include Haloperidol, 2 mg, #30. Diagnoses include PTSD, Panic disorder, Schizoaffective Disorder. The patient is s/p remote lumbar surgery (undated) Report of 3/6/14 from a provider noted the patient is stressed about insurance changes and loss of nurse and transportation. Anxiety symptoms are managed with Xanax with helps his symptoms. The patient continues to be frustrated with physical pain. Exam showed patient to be cooperative, friendly, engaging, talkative, making normal eye contact, appeared calm, pleasant, and demonstrated good insight and judgment. Current medications list Neurontin, Xanax, Haldol, Cogentin, and Cymbalta. The request for Haloperidol, 2 mg, #30 was partially-certified for quantity #20 on 5/15/14. Review indicated the medications listed are prescribed concurrently by several providers, confirmed by [REDACTED]. There is yet a third provider prescribing medications of Norco (last filled on 5/11/14 and 4/16/14), Amitriptyline, Butalbital, Tizanidine, Meloxicam (all filled 4/16/14), Abilify (filled 3/20/14 and 4/21/14), Gabapentin (filled 4/14/14), Haloperidol, Benzotropine, and Duloxetine (all filled 2/14/14). Report of 4/11/14 from another provider noted patient presented for follow-up and refill of his medications; continue to have pain with nausea rated at 9/10 in the neck, lower back, jaw, shoulder, left hip with headaches, restless sleep. Past medical history include Diabetes, Hypertension, Depression, Acid reflux. Medications list Lortab, Amitriptyline, Tizanidine, Medi-derm, Fioricet, Terocin, Norci. There was no exam documented. Diagnoses included lumbar intervertebral disc degeneration; occipital neuralgia, depression, TMJ, Insomnia, Trochanteric bursitis, headaches, and constipation. The Urine toxicology aberrant results of positive opiates and THC were discussed with the patient and was noted he smoked marijuana on several occasions due to stress. It was noted the patient needed to comply with narcotic program and avoid THC or the meds will be decreased. It appears the patient is prescribed Haloperidol by several providers in the treatment of PTSD. ODG states there is insufficient evidence to support for pharmacologic agents in the prevention and development of PTSD and specifically recommend against the use of typical antipsychotics, such as haloperidol in the management of PTSD. Submitted reports have not adequately demonstrated the indication to support treatment with Haloperidol outside the guidelines recommendations and criteria. There is no report of acute flare-up, new musculoskeletal injury, or functional benefit derived from previous treatment rendered. The Haloperidol, 2 mg, #30 is not medically necessary and appropriate.