

Case Number:	CM14-0191910		
Date Assigned:	11/25/2014	Date of Injury:	08/13/2007
Decision Date:	01/30/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 43-year-old female with date of injury of 08/13/2007. The listed diagnosis from the 10/07/2014 is depression, major/recurring. According to this report, the patient remains depressed and has minimal energy. The examination shows that the patient was tearful with a sad affect. No other findings were noted on this report. The AME report from 08/04/2014 notes that patient was injured when a coworker accidentally dropped a box that struck her on the back of her head and neck. The patient lost consciousness with posttraumatic amnesia. She was extensively treated with physiotherapy and headache management. The patient has significant depression and has been hospitalized 3 to 4 times for depression and suicidal attempts. She reports having more problems with pain in the right neck and shoulder and notes that medications were intermittently interrupted because of lack of authorization. The examination showed cervical spine guarding with trigger points over the right trapezius. Motor exam reveals giveaway weakness of the right proximal arm. The patient reports shoulder pain with otherwise full strength. Lower extremity strength is full. Reflexes are 2+ and symmetric. Sensory exam reveals diminished sensation over the right arm. Upper extremity exam is notable for right greater than left lacerations scars from self injury. Mental status remarkable for marked despondency with tearfulness. She has pseudocognitive depression, likely from depression scoring 23/30 on the mini-mental status exam. The treatment reports from 09/05/2013 to 11/17/2014 were provided for review. The utilization review denied the request on 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 100mg quantity with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/lamictal?druglabelid=206&id=1384

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lamotrigine/ Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: This patient presents with depression, severe headaches, right neck and shoulder pain. The treater is requesting Lamotrigine 100 mg quantity with 3 refills. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the pain chapter for Lamotrigine states, "Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for the treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration, Lamotrigine is not generally recommended as a first line treatment for neuropathic pain." The treater is prescribing Lamotrigine for the patient's mood swings. The records show that the patient was prescribed Lamotrigine on 03/13/2014. In this case, the ODG Guidelines recommend Lamotrigine for treatment of trigeminal neuralgia, HIV, and central post-stroke pain and not for other conditions like mood swings. The request is not medically necessary.

Prazosin 1mg quantity 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/minipress?druglabelid=999

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.cigna.com for prazosin.

Decision rationale: This patient presents with depression, severe headaches, right neck and shoulder pain. The treater is requesting Prazosin 1 mg quantity #30 with 3 refills. The MTUS, ACOEM, and ODG Guidelines do not address this request. Upon further research, www.cigna.com shows that prazosin is also prescribed for PTSD. Prazosin blocks some effects of the adrenaline released in your body. This may help reduce the nightmares and sleep problems related to PTSD. Prazosin is most commonly used for high blood pressure. The records show that the patient was prescribed prazosin on 01/30/2014. It is unclear why this medication is being prescribed to the patient. The MTUS Guidelines page 60 and 61 state that pain assessment and functional changes must also be noted when medications are used for chronic pain. None of the reports mention medication efficacy as it relates to the use of prazosin. Given the lack of documented benefit including functional improvement while utilizing this medication, the request is not medically necessary.

Resperidone 0.5mg quantity 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Atypical antipsychotics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Risperidone (Risperdal).

Decision rationale: This patient presents with depression, severe headaches, right neck and shoulder pain. The treater is requesting Risperidone 0.5 mg quantity #60 with 3 refills. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the mental/stress chapter on Risperidone (Risperdal) states, "Not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotic (e.g. Quetiapine, Risperidone) for conditions covered in ODG." The records show that the patient was prescribed Risperidone on 01/30/2014. None of the reports mention medication efficacy including functional improvement while utilizing this medication. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Given the lack of noted functional improvement while utilizing Risperidone, the request is not medically necessary.

Diazepam 10mg quantity 60 with 3 refills: Upheld

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

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

Decision rationale: This patient presents with depression, severe headaches, right neck and shoulder pain. The treater is requesting Diazepam 10 mg quantity #60 with 3 refills. The MTUS guidelines page 24 on benzodiazepines states, "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 records show that the patient was prescribed diazepam on 07/29/2014. In this case, the MTUS Guidelines do not recommend the long term use of benzodiazepines. The request is not medically necessary.