MAXIMUS Federal Services

Case Number:	CM15-0131978		
Date Assigned:	07/20/2015	Date of Injury:	04/13/2009
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 male with an industrial injury dated 07/11/2008 and 04/13/2009. On both occasions he was working when the place of business where he worked was robbed resulting in paranoia, flashbacks, night terrors and major depression. His diagnosis was post-traumatic stress disorder. Prior treatment included psychiatrist visits and medications. He presents on 05/17/2015 with complaints of episodes of abrupt change in mood, crying episodes, problems managing anger, anxiety and panic attacks. Mental status exam noted the injured worker appeared visibly anxious. Thought processes were clear, coherent and goal directed. Thought content reflected preoccupation with recurrent intrusive thoughts, memories and flashbacks of his industrial injury. He was oriented to time, place and person. The provider documents the injured worker needs ongoing psychiatric treatment both with medication and psychotherapy. The treatment plan included medications to address nightmares and night terrors, insomnia, paranoia, mood swings, anxiety and panic, depression and panic attack symptoms. He was to be seen by psychiatrist every two weeks to monthly basis until his psychiatric medications were optimally stabilized. The treatment request is for: Dexilant 60 mg #30; Klonopin wafers 0.5 mg #90; Lamictal 100 mg #60; Prazosin 1 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin wafers 0.5mg #90: 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

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

Decision rationale: According to the MTUS, benzodiazepine medications such as Klonopin, 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. 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. In this case, the documentation supports that the patient has been treated with Klonopin for longer than the recommended amount of time. The continued use is not medically necessary.

Lamictal 100mg #60: 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the MTUS, Lamictal has been proven to be moderately effective for 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 period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Furthermore, a recent Cochrane review determined that although there is some evidence that lamotrigine may be effective for HIV neuropathy and post-stroke pain, this drug does not have a "significant place in therapy at present." This was partly due to the availability of more effective treatments including other AEDs and antidepressants. In this case, Lamictal is being prescribed for the use in treatment of PTSD with unspecified episodic mood disorder. The use of lamictal is not supported for this diagnosis per the MTUS. The use of this medication is not medically necessary.

Prazosin 1mg #30: 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

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

Decision rationale: The MTUS is silent regarding the use of Prazosin for the treatment of PTSD. According to UptoDate.com the FDA approved indication for the use of Prazosin is for treatment of hypertension in adults. Prazosin is not recommended for first line treatment of PTSD symptoms nor is it approved by the FDA for the treatment of PTSD. The continued use of Prazosin is not medically necessary.

Dexilant 60mg #30: 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), Treatment Index, 11th Edition (web), updated 05/11/15, Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Dexilant is not medically necessary.