MAXIMUS Federal Services

Case Number:	CM15-0137585		
Date Assigned:	07/27/2015	Date of Injury:	02/04/2010
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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 45 year old female, who sustained an industrial injury on February 04, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post-traumatic stress disorder. Treatment and diagnostic studies to date has included psychotherapy and medication regimen. In a progress note dated May 11, 2015 the treating psychologist reports low psychological tolerance, depression, social inhibition, fear, and over-reactivity. Examination reveals binging and purging behavior, gastrointestinal dysfunction, and avoidance behavior. In a progress note from June 29, 2015 the treating psychiatrist noted that the injured worker's medication regimen included Lamotrigine, Latuda, Citalopram, and Prazosin. The treating physician indicated a change in the use of Lamotrigine to be taken at night secondary to memory problems. The treating physician requested the medications of Lamotrigine 100mg with a quantity of 30, Prazosin HCL 2mg with a quantity of 60, Latuda 20mg with a quantity of 30, and Citalopram 40mg with a quantity of 30 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 20.

Decision rationale: According to the MTUS, lamotrigine 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 the patient is being treated for PTSD and Major depressive disorder. The use of Lamotrigine is not indicated for the treatment of PTSD. The continued use is not medically necessary.

Prazosin HCL 2mg #60: 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 UptoDate.com.

Decision rationale: The MTUS is silent regarding the use of Prazosin. According to UptoDate.com, Prazosin is FDA approved for the treatment of hypertension in adults. Prazosin is not recommended as a first line agent in the treatment of PTSD. The documentation showed that the use of Prazosin for the treatment of nightmares was not effective for this patient. The continued use of Prazosin for the treatment of nightmares caused by PTSD is not medically necessary.

Latuda 20mg #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), mental illness and stress.

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

Decision rationale: The MTUS is silent regarding the use of Latuda. According to Uptodate.com, Latuda is FDA approved for the treatment of schizophrenia; or as monotherapy or adjunctive therapy of depressive episodes associated with bipolar I disorder. The patient has a diagnosis of PTSD, Major depressive disorder and generalized anxiety disorder. The use of

Latuda is used with the diagnosis of Bipolar disorder which this patient doesn't have. The continued use is not medically necessary.

Citalopram 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 16.

Decision rationale: According to the MTUS, SSRI are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to UptoDate.com, Citalopram is used for the diagnosis of major depressive disorder at the maximum dose of 40mg daily. In this case the patient is being treated for major depressive disorder. The use of citalopram is medically appropriate.