MAXIMUS Federal Services

Case Number:	CM15-0167996		
Date Assigned:	09/08/2015	Date of Injury:	04/02/2012
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 4-02-2012. She reported being hit in the chest by a client's fist. Directly after the blunt trauma to her chest, she collapsed and shortly thereafter had a generalized convulsion. She was initially diagnosed with epilepsy and discharged from the hospital on anticonvulsants. Also documented was a right shoulder injury. Her shoulder range of motion was limited, but the surgeon would not perform a surgery until the presumed seizures were resolved. Injured worker was currently diagnosed as having post-traumatic stress disorder with ongoing depression, anxiety and panic, acute-subacute S1 radiculopathy on the left, history of convulsive syncope following blunt force chest trauma, and lacunar stroke by clinical examination ("non-industrial related to her hyperlipidemia, hypertension and glucose intolerance", hyperlipidemia, adult onset diabetes. Treatment to date has included diagnostics, mental health treatment, and medications. Her events of seizures consisted of events shortness of breath, profound anxiety, generalized shakiness, and fainting on 2 episodes. All events were precipitated by significant psychological stress. A hospital course (5-26-2015 to 5-30-2015) was noted for EEG (electroencephalogram) video telemetry studies, noting no focal lateralized or epileptiform abnormalities. She was considered not to have a diagnosis of epilepsy based on her history of events resolving with the institution of antidepressants and anxiolytics. She was found to have hypertension throughout the hospitalization, along with signs of a stroke affecting the right side of her brain. Magnetic resonance imaging was unable to be completed due to body habitus. Computerized tomography was documented to show no significant stenosis, aneurysm, or vascular malformation. An

echocardiogram was documented to show no valvular abnormalities and an ejection fraction of 60-65%. A lipid panel was documented to show a cholesterol level of 211, with LDL (low-density lipoprotein)/HDL (high-density lipoprotein) ratio of 3.05. She reported doing well on Remeron and Klonopin, but with weight gain of 30 pounds on Remeron, and wished to change her medication. Remeron was discontinued. Lamictal was added as a mood stabilizer and Effexor-SR was started. An enteric-coated aspirin, in addition to Simvastatin and Clonidine, was added. She had a prior history of gastroesophageal reflux disease, for which Omeprazole was continued. She remained temporarily and partially disabled and was not able to return to work until cleared by her psychiatrist. On 8-12-2015, Utilization Review non-certified the retrospectively requested medications (Omeprazole, Venlafaxine, Lamotrigine, Clonidine, and Simvastatin), for date of service 5-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole Capsule # 60, DOS: 5/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic, Weaning Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation of heartburn symptoms which is treated Pepcid. There is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Retrospective Lamotrigine Tablets # 1, DOS: 5/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/lamotrigine-drug-information?source=search_result search=lamictal&selectedTitle=1~106#F186281.

Decision rationale: Regarding the request for Lamotrigine for the treatment of psychiatric disease, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that Lamictal is indicated for the treatment of bipolar disorder (immediate release only): maintenance treatment of bipolar I disorder to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in patients treated

for acute mood episodes with standard therapy. Within the documentation available for review, there is diagnosis of depression, anxiety and PTSD. However, there is no documentation regarding the patient's response to Lamotrigine treatment. As such, the currently requested Lamotrigine is not medically necessary.

Retrospective Clonidine # 1, DOS: 5/30/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-Date Online, Hypertension.

Decision rationale: Regarding the request for this anti-hypertensive, California MTUS guidelines and ODG do not contain criteria for the use of this medication. A search of an evidence-based online database indicates that this is an alpha 2 adrenergic agonist. Hypertension may be primary, which may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. Diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies to evaluate for associated co-morbidities and possibly secondary hypertension. Guidelines from the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, the patient has a diagnosis of hypertension, right brain lacuna stroke as a result of stress relating to the industrial injury. A progress note on 7/2/2015 indicates the patient's blood pressure is well controlled at 123/76 while on clonidine. Therefore, the continued use of this medication is medically necessary.

Retrospective Simvastatin Tablet # 1, DOS: 5/30/2015: Overturned

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 http://www.uptodate.com/contents/simvastatin-drug-information?source=search_result&search=simvastatin&selectedTitle=1~150#F221281.

Decision rationale: Regarding the request for simvastatin, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that statins are indicated to be used with dietary therapy for the following: Secondary prevention of cardiovascular events in hypercholesterolemic patients with established coronary heart disease, hyperlipidemias, heterozygous familial hypercholesterolemia (HeFH), and Primary and secondary prevention of atherosclerotic cardiovascular disease (ASCVD) according to the American College of Cardiology/American Heart Association. Monitoring of lipid panel and

liver transaminase level is recommended at baseline and routinely to monitor therapy efficacy and safety. Dose adjustment is recommended if lipid panel is well controlled, or if there is a rise in the liver transaminase level. Within the submitted documentation, there is documentation of the patient having hyperlipidemia and history of stroke. There were also documentation of appropriate monitoring of lipid panel on a recent progress notes. It is beyond the scope of the IMR process to determine causation. If the industrially relatedness of hyperlipidemia is under dispute, then the QME process can be utilized to determine causation. From a medical standpoint, this medication is medically necessary.

Retrospective Vendafaxine Tablet 225mg #30, DOS: 5/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Regarding the request for SNRI, the CPMTG on page 105 states the following regarding SNRIs (serotonin noradrenaline reuptake inhibitors) "Recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific SNRI listing for more information and references. See also Venlafaxine (Effexor) and Duloxetine (Cymbalta)." Further guidelines and FDA indications approve the use of SNRI for the treatment of major depression. The ACOEM Stress Related Conditions Chapter states that "a standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning." Furthermore, monitoring for side effects is important, and consideration for referral for medication evaluation may be "worthwhile" given the complexity of these agents. Within the documentation available for review, there is diagnosis of depression, anxiety and PTSD. However, there is no documentation indicating whether or not the patient has responded to the current Effexor treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Effexor is not medically necessary.