

Case Number:	CM15-0206348		
Date Assigned:	10/23/2015	Date of Injury:	12/08/1997
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 59 year old female who sustained an industrial injury on 12-08-1997. Medical records indicated the worker was treated for Major depressive disorder, anxiety, Psychological factors affecting medical condition. In the provider notes of 09-17-2015, the worker reports a decrease in frequency and severity of migraines, and in general the depression is responding to cognitive behavioral therapy (CBT). The worker 's psych testing showed a "mild" (lower level) of depression a "moderate"(higher level) of Anxiety and a "minimal" (even lower level) of Mania- hypomania. Medications included Lamotrigine, Lyrica, Zolpidem, and Alprazolam. She also is on Ambien and Xanax, which are being tapered. A request for authorization was submitted for Alprazolam 0.25 mg #180, Lamotrigine 200 mg #135, and Lyrica 100 mg #180. A utilization review decision 09-22-2015 non-certified the Alprazolam, but recommended weaning. A fill 09-17-2015 to 10-17-2015 was approved for weaning. Lamotrigine was non-certified with weaning recommended and a fill 09-17-2015 to 10-17-2015 was approved for weaning. Lyrica was non-certified by peer and weaning recommended a fill 09-17-2015 to 10-17-2015 was approved for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this chronic 1997 injury. The Alprazolam 0.25 mg #180 is not medically necessary and appropriate.

Lamotrigine 200 mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Lamictal (Lamotrigine) is an anti-convulsant prescribed for the treatment of Epilepsy and maintenance of Bipolar Disorder. Submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 1997 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or psychiatric disorder of epilepsy or bipolar disease with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Lamotrigine has not resulted in any functional benefit and medical necessity has not been established. The Lamotrigine 200 mg #135 is not medically necessary and appropriate.

Lyrica 100 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 100 mg #180 is not medically necessary and appropriate.