

<b>Case Number:</b>	CM15-0219094		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Massachusetts

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:

This injured worker is a 37 year old female who reported an industrial injury on 8-23-2011. Her diagnoses, and or impressions, were noted to include: moderate injuries; post-traumatic stress disorder (PTSD); depressed mood disorder versus bi-polar disorder; and affective psychosis disorder. No current imaging studies were noted. Her treatments were noted to include: psychiatric treatment; psychotherapy; diagnostic laboratories; and medication management. The progress notes of 7-8-2015 reported: that she was doing well; that her therapist told her she was moody, admitting she was feeling moody every now and then; that she had irritability; denied symptoms of affecting functioning; that she did not want to adjust medications; denied suicidal and homicidal ideations; denied side-effects of medications; that she felt her dad was sad which affected her mood; and that she was still with flash-backs about the assault. The objective findings were noted to include: that she was cooperative and friendly; well groomed; used fair eye contact; that her mood was okay and that her affect mood was congruent; that her insight and judgment were fair; and that her fund of knowledge was adequate; and that her complexity of illness was moderate. The physician's requests for treatment were noted to include specific medications of which did not note Lamotrigine or Olanzapine. No progress notes provided were noted to include Lamotrigine or Olanzapine. The Utilization Review of 10-14-2015 non-certified the requests for #60 tablets of Lamotrigine 150 mg; #30 tablets of Olanzapine 10 mg; and #30 tablets of Olanzapine 15 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tabs Lamotrigine 150 MG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, PTSD pharmacotherapy and Other Medical Treatment Guidelines Lamictal prescribing information.

**Decision rationale:** The claimant sustained a work injury in August 2011 when, while working as an armored guard, she sustained a gunshot wound to the abdomen with injury to the femur requiring ORIF during an attempted robbery. She continues to be treated for chronic left lower extremity pain and posttraumatic stress disorder (PTSD). In May 2015 she was feeling better. She had been exercising with her niece. She was still having flashbacks at times. She was sleeping well. She was not having any medication side effects. Physical examination findings included a body mass index over 37. Lamictal and Zyprexa were being prescribed as mood stabilizers. Medications also included Gabapentin. Medication side effects were reviewed. When seen in July 2015 she had irritability and felt moody every now and then. Her symptoms were not affecting her functioning. She did not want to adjust her medications. She was still having flashbacks. There was a normal mental status examination. Supportive therapy was provided. Medications were continued. Lamictal (lamotrigine) is an antiepileptic drug indicated for the treatment of epilepsy and in the treatment of bipolar disorder. The claimant does not have either of these diagnoses. There is insufficient evidence to recommend a mood stabilizer such as lamotrigine for the treatment of PTSD. Ongoing prescribing is not considered medically necessary.

**30 Tabs Olanzapine 10 MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, PTSD pharmacotherapy and Other Medical Treatment Guidelines Zyprexa prescribing information.

**Decision rationale:** The claimant sustained a work injury in August 2011 when, while working as an armored guard, she sustained a gunshot wound to the abdomen with injury to the femur requiring ORIF during an attempted robbery. She continues to be treated for chronic left lower extremity pain and posttraumatic stress disorder (PTSD). In May 2015 she was feeling better. She had been exercising with her niece. She was still having flashbacks at times. She was sleeping well. She was not having any medication side effects. Physical examination findings included a body mass index over 37. Lamictal and Zyprexa were being prescribed as mood

stabilizers. Medications also included Gabapentin. Medication side effects were reviewed. When seen in July 2015 she had irritability and felt moody every now and then. Her symptoms were not affecting her functioning. She did not want to adjust her medications. She was still having flashbacks. There was a normal mental status examination. Supportive therapy was provided. Medications were continued. Zyprexa (olanzapine) is an atypical antipsychotic indicated for the treatment of schizophrenia and in the treatment of Bipolar I disorder. The claimant does not have either of these diagnoses. There is insufficient evidence to recommend an atypical antipsychotic medication such as olanzapine for the treatment of PTSD. Ongoing prescribing is not considered medically necessary.

### **30 Tabs Olanzapine 15 MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, PTSD pharmacotherapy and Other Medical Treatment Guidelines Zyprexa prescribing information.

**Decision rationale:** The claimant sustained a work injury in August 2011 when, while working as an armored guard, she sustained a gunshot wound to the abdomen with injury to the femur requiring ORIF during an attempted robbery. She continues to be treated for chronic left lower extremity pain and posttraumatic stress disorder (PTSD). In May 2015 she was feeling better. She had been exercising with her niece. She was still having flashbacks at times. She was sleeping well. She was not having any medication side effects. Physical examination findings included a body mass index over 37. Lamictal and Zyprexa were being prescribed as mood stabilizers. Medications also included Gabapentin. Medication side effects were reviewed. When seen in July 2015 she had irritability and felt moody every now and then. Her symptoms were not affecting her functioning. She did not want to adjust her medications. She was still having flashbacks. There was a normal mental status examination. Supportive therapy was provided. Medications were continued. Zyprexa (olanzapine) is an atypical antipsychotic indicated for the treatment of schizophrenia and in the treatment of Bipolar I disorder. The claimant does not have either of these diagnoses. There is insufficient evidence to recommend an atypical antipsychotic medication such as olanzapine for the treatment of PTSD. Ongoing prescribing is not considered medically necessary.