

Case Number:	CM15-0038242		
Date Assigned:	03/11/2015	Date of Injury:	01/04/2001
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 46-year-old male with an industrial injury dated 01/04/2001 resulting in an injury to neck and left arm/shoulder. Diagnoses include mood disorder not otherwise specified. Diagnostic testing has included sleep study (12/17/2013). No other diagnostic testing was submitted. Previous treatments have included conservative measures, medications, cervical fusion (2002), trigger point injections, functional restoration program, and psychiatric treatment. In a psychiatric progress note dated 01/19/2015, the treating physician reports that the injured worker was seen on 01/07/2015, and stated that he felt he had benefitted tremendously from psychiatric treatment and that he was still receiving injections for pain treatment. The objective examination was not provided. The treating physician is requesting clonazepam and Lamotrigine, which were denied by the utilization review. On 02/13/2015, Utilization Review non-certified prescriptions for clonazepam 1mg (1/2 tablet daily at night) #30 and Lamotrigine 200mg (1 tablet daily in the morning) #30, noting that the MTUS guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of clonazepam 1mg (1/2 tablet daily at night) #30 and Lamotrigine 200mg (1 tablet daily in the morning) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, 1/2-1 tablet daily at night #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been clonazepam 0.5- 1 mg QHS qhs on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clonazepam 1mg, 1/2-1 tablet daily at night #30 is excessive and not medically necessary.

Lamotrigine 200mg 1 tablet daily in the morning #30: Upheld

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

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

Decision rationale: Per FDA Lamictal is indicated for treatment of Epilepsy and for the maintenance treatment of bipolar I disorder to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in adults (aged 18 years and older) treated for acute mood episodes with standard therapy. The injured worker has been diagnosed with Mood disorder NOS for which Lamictal is not indicated. The use of Lamictal in this case seems to be off label. Thus, the request for Lamotrigine 200mg 1 tablet daily in the morning #30 is excessive and not medically necessary.