

Case Number:	CM15-0076350		
Date Assigned:	04/27/2015	Date of Injury:	08/23/2006
Decision Date:	10/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 55 year old male who sustained an industrial injury on 08/23/06. Diagnoses include bipolar disorder II, generalized anxiety disorder, relational problems, and panic disorder. He was on Cymbalta, Ambien, Lamictal, Viagra, Seroquel, and Ritalin ER. The patient reported depression and anxiety, and records showed hypomanic/manic episodes. He also suffered from migraines and headaches. His urologist noted numbness on the left side of his body. QME recommendations included decreasing his antidepressant medications as they may fuel and increase hypomanic/manic behavior, giving him Lithium rather than Lamictal for his bipolar symptoms, Klonopin TID, and increasing Seroquel up to 400mg per day or change to Ability if that was not effective. He recommended against methylphenidate ER as he felt that symptoms resembling ADD were probably more related to the bipolar disorder and may in fact agitate him. If the patient was unresponsive to this regimen a course of ECT should be considered. A PR2 of 03/15/15 reported him to be manic but stable. He was hyperactive, having sexual problems, and had trouble concentrating. Mood was euthymic, speech clear, thought content unremarkable, and improvement of initial symptoms, concentration, mood, and hypomania. He was on Cymbalta 90mg per day, Lithium ER 1200mg per day, Klonopin 1.5mg per day, Ritalin ER 30mg per day, Viagra 100mg per day as needed, Seroquel 100mg 1-2 at HS, and zolpidem ER 12.5mg at HS. He had good response to medications with no side effects. Risk factors included financial worry, relational problems, and unemployment. The treating physician requested Klonopin 0.5mg #1170, duloxetine 30mg #1170, Ambien ER 12.5mg #390, Lithium

ER 300mg #390, Viagra 100mg #390, Seroquel 100mg #780 and methylphenidate ER 10mg #1170.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg tablets qty: 1170: 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 Official Disability Guidelines (ODG) CA-MTUS is silent regarding Klonopin in generalized anxiety disorder and panic disorder, Anti-anxiety medications in chronic pain.

Decision rationale: The patient's symptoms of hypomania, generalized anxiety and panic disorder have been difficult to control. Psychiatric QME of 01/20/15 recommended Klonopin TID. The patient was prescribed and has been maintained on Klonopin with good results and no side effects. Per ODG Klonopin is indicated in treatment refractory cases of anxiety disorders. This medication is considered medically necessary. However, requesting #1170 is excessive. This request is noncertified, therefore is not medically necessary.

Duloxetine 30mg capsules qty: 1170: 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 Official Disability Guidelines (ODG) Pain Chapter Anti-anxiety medications in chronic pain.

Decision rationale: SSRIs or SNRIs (Cymbalta/duloxetine) are typically first line agents for GAD and panic disorder. Dosing of Cymbalta is typically 30-120 mg daily, the patient's dosing falls within this range at 90mg per day. His mood is euthymic and he has no side effects. This medication is medically necessary. At 30mg TID, #1170 is a 390 day supply, which is considered excessive. Given that typical office notes show return for next appointment in 30 days, a 390 day supply is excessive. At maximum providing #30 with 2 refills would be reasonable. This request is noncertified, therefore is not medically necessary.

Ambien ER 12.5mg tablets qty: 390: 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 Insomnia treatment.

Decision rationale: Ambien is non-benzodiazepine sedative-hypnotics with similar efficacy to the benzodiazepines with fewer side effects and short duration of action. It is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). It has been given for longer than recommended guidelines. The patient is also on Seroquel at HS, which is used not only in bipolar disorder but off label for sleep. This request is not medically necessary, and is noncertified, therefore is not medically necessary.

Lithium ER 300mg capsules qty: 1560: 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 Pharmacological management of bipolar depression: acute treatment, maintenance, and prophylaxis. CNS Drugs. 2013 Jul 27(7): 515-29. Vieta E1, Valent M.

Decision rationale: Treatment of bipolar disorder usually consists of combinations of drugs, one of which would be a mood stabilizer, the others being an antidepressant or atypical antipsychotic. Lithium as monotherapy is often suggested as first line treatment by most guidelines. Although still exhibiting hyperactivity, the patient is stable. This medication is considered medically necessary. However, the request for #1560 is excessive. This request is noncertified, therefore is not medically necessary.

Seroquel 100mg tablets qty: 780: 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 Official Disability Guidelines (ODG) Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien® (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).

Decision rationale: Seroquel is FDA approved for use in schizophrenia and bipolar disorder. The patient's bipolar symptoms have been stabilized, by last report, evidenced by euthymic mood. QME of 01/2015 recommended use of Seroquel up to 400mg per day, but given that the patient is seen around monthly a request of #60 plus 2 refills would be more appropriate if he

takes it at 1-2 per night as written. This request is noncertified, therefore is not medically necessary.

Viagra 100 tablets qty: 390: 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 American Urological Association Guidelines for the Management of Erectile Dysfunction.

Decision rationale: Phosphodiesterase-5 inhibitors such as Viagra are recommended as first line therapy for ED unless contraindicated. Management begins with the identification of organic and psychosexual issues. Comorbidities may exist. An initial sexual history should be conducted in addition to medical and psychosocial histories, followed by a physical exam. No rationale was provided in records to show that the patient has a comorbid disorder to support use of this medication. This request is noncertified, therefore is not medically necessary.

Methylphenidate ER 10mg qty: 1170: 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 PubMed Are psychostimulants a treatment option in mania Pharmacopsychiatry. 2009 Sep 1, 42(5): 169-74. Hegerl U, Sander C, Olbrich S, Schoenknecht P. Mania and attention-deficit/hyperactivity disorder: common symptomatology, common pathophysiology and common treatment Curr Opin Psychiatry. 2010 Jan, 23(1): 1-7. Hegerl U, Himmerich H, Engmann B, Hensch T.

Decision rationale: The articles above indicate that clinical trials/case reports show that psychostimulants either do not or only rarely trigger/aggravate mania. In fact, they can paradoxically have antimanic effects. Although psychiatric QME recommended against methylphenidate, the patient has been reported to be stable with no side effects and it appears that the methylphenidate is having no adverse effect on his manic symptoms. The request for #1170 is excessive however. This request is noncertified, therefore is not medically necessary.