

Case Number:	CM15-0088593		
Date Assigned:	05/12/2015	Date of Injury:	10/10/2001
Decision Date:	07/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old, male who sustained a work related injury on 10/10/01. The diagnoses have included bipolar disorder and depression. The treatment has included medications. In the Comprehensive Progress Note dated 3/3/15, the injured worker continues to suffer from mood disorder related to his medical condition. He has reactive labile mood, irritability, racing thoughts, agitation, and problems managing anger. The treatment plan is refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lithobid 300mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD <http://www.webmd.com/drugs/2/drug-6874/lithobid-oral/details>.

Decision rationale: MTUS and ODG are silent on Lithobid. According to the reference cited above, "This medication is used to treat manic-depressive disorder (bipolar disorder). It works to stabilize the mood and reduce extremes in behavior by restoring the balance of certain natural substances (neurotransmitters) in the brain. Some of the benefits of continued use of this medication include decreasing how often manic episodes occur and decreasing the symptoms of manic episodes such as exaggerated feelings of well-being, feelings that others wish to harm you, irritability, anxiousness, rapid/loud speech, and aggressive/hostile behaviors." The employee has a diagnosis of bipolar disorder and depression, for which this medication is appropriate. Therefore, the request is medically necessary.

Topamax 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax). Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs; topiramate Page(s): 21, 113.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard". Medical files do not indicate the failure of other first line anticonvulsants, such as gabapentin. As such, the request for Topamax is not medically necessary.

Klonopin 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (i.e. clonazepam) is "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". ODG further states that clonazepam is "Not recommended". The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted

medical records indicate that the employee has been using Klonopin for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Klonopin is not medically necessary.

Toprol XL 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD: <http://www.webmd.com/drugs/2/drug-9548/toprol-xl-oral/details>.

Decision rationale: MTUS and ODG are silent on Toprol XL, but the above cited reference states the following: "This medication is a beta-blocker used to treat chest pain (angina), heart failure, and high blood pressure. Lowering high blood pressure helps prevent strokes, heart attacks, and kidney problems. This drug works by blocking the action of certain natural chemicals in your body (such as epinephrine) that affect the heart and blood vessels. This lowers heart rate, blood pressure, and strain on the heart." The employee has high blood pressure. Therefore, the request is medically necessary.

Doxepine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's.

Decision rationale: MTUS states that "Doxepin is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated". ODG states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken". ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)". The treating physician has not provided

evidence of improved pain control, improved function and sleep quality from Doxepin. As such the request is not medically necessary.