

Case Number:	CM14-0049729		
Date Assigned:	07/07/2014	Date of Injury:	07/25/1994
Decision Date:	08/18/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year old male with a date of injury of 7/25/94. The mechanism of injury was chemical exposure to the eye, resulting in chronic eye problems as well as psychological issues. A report dated 10/10/13 stated that he complained of being very exhausted and felt that he needed Adderral 60 mg a day and Ativan 1 mg twice a day. According to the report, he was continued on 30 mg of Adderral. A report dated 8/13/13 suggested a diagnosis of Schizoaffective disorder and major depressive disorder. The report dated 4/25/14 suggested that he was feeling better and had cut back on marijuana use. He was given a diagnosis of schizoaffective disorder, bipolar type and snxiety disorder not otherwise specified per that report, and was continued on Geodon 80 mg twice a day, Lamictal 200 mg twice a day, Adderall 20 mg twice a day, Lorazepam 1 mg twice a day and Lexapro 40 mg daily. A report dated 11/13/13 suggests that the injured worker had a psychotic break status post injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Geodon 80mg #60 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Singapore Ministry of Health. Schizophrenia; 2011 July page 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the FDA package insert, and the American Psychiatric Association guidelines.

Decision rationale: The FDA indicates that Geodon is indicated for the treatment of schizophrenia, as monotherapy for the acute treatment of bipolar manic or mixed episodes, and as an adjunct to lithium or valproate for the maintenance treatment of bipolar disorder. The Official Disability Guidelines (ODG) state that atypical antipsychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in the ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. Long term use of medications without intermittent follow ups for assessment of progress or attempts made for gradual dose reduction is not clinically indicated. As such, the request is not medically necessary.

Lamictal 200mg #60 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Bipolar Disorder Working Group. VA/DoD Clinical Practice Guideline for management of bipolar disorder in adults. Washington (DC): Department of Veterans Affairs, Department of Defense 2010 May page 176.

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

Decision rationale: The MTUS and Official Disability Guidelines are silent regarding the use of Lamictal; however, the FDA states that Lamotrigine is indicated for the maintenance treatment of Bipolar I Disorder to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in adults treated for acute mood episodes with standard therapy. The effectiveness of Lamotrigine for the acute treatment of mood episodes has not been established. The effectiveness of Lamotrigine as maintenance treatment was established in two placebo-controlled trials in patients with Bipolar I Disorder as defined by DSM-IV. The physician who elects to prescribe Lamotrigine for periods extending beyond 16 weeks should periodically re-evaluate the long-term usefulness of the drug for the individual patient. Long term use of medications without intermittent follow ups for assessment of progress or attempts made for gradual dose reduction is not clinically indicated. The request is not medically necessary.

Adderall 20mg #60 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Attention- Deficit Hyperactivity Disorder. Ann Arbor (MI) 2013 April page 41.

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

Decision rationale: The MTUS and Official Disability Guidelines are silent regarding the use of Lamictal; however, the FDA states that Adderall (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy. The injured worker does not have carry a diagnosis of ADHD or narcolepsy. The use of adderall for the injured worker seems to be off label. Adderrall has a high risk of abuse, tolerance and dependence and thus long term use is not indicated. The request is not medically necessary.

Lexapro 20 mg #60 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and The American Psychiatric Association Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injured worker is a 42 year old male who suffered from chemical exposure to the eye resulting in chronic eye problems as well as psychological issues. The report dated 10/10/13 stated that he complained of being very exhausted, and felt that he needed Adderrall 60 mg a day and Ativan 1 mg twice a day. According to the report, he was continued on 30 mg of Adderrall. The report dated 8/13/13 suggested a diagnosis of schizoaffective disorder and major depressive disorder. Per the report dated 4/25/14, he has feeling better and had cut back on marijuana use. He was given diagnosis of schizoaffective disorder, bipolar type, and anxiety disorder not otherwise specified per that report, and was continued on Geodon 80 mg twice a day, Lamictal 200 mg twice a day, Adderall 20 mg twice a day, Lorazepam 1 mg twice a day, and Lexapro 40 mg daily. The report dated 11/13/13 suggests that the injured worker had a psychotic break status post injury. Long term use of medications without intermittent follow-ups for the assessment of progress or attempts made for gradual dose reduction is not clinically indicated. The request is not medically necessary.

Ativan 1mg #60 with 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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 receiving Ativan 1 mg twice a day on an ongoing basis with no documented plan to taper. The MTUS guidelines state that the use of benzodiazepines should be limited to four weeks. The MTUS also states that benzodiazepine tapering is required if use continues past two weeks. As such, the request is not medically necessary.