

<b>Case Number:</b>	CM15-0012371		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 39 year-old female who reported widespread pain and mental illness after an injury reported on 7/12/2010. The diagnoses have included generalized Complex Regional Pain Syndrome affecting the upper and lower extremities; bipolar disorder (non-industrial related), alcohol and opioid dependence, and borderline personality disorder. Additional past medical history includes diabetes. Ongoing treatment is provided by the primary treating physician, pain medicine, and a psychiatrist, who has prescribed the medications now under review. Treatments to date have included a spinal cord stimulator, ketamine infusion therapy, psychotherapy, and medications. The injured worker has not returned to work for years. Reports from the treating psychiatrist during 2014-2015 are brief, list a variety of alterations in mood and social interactions, and do not address the indications and results for any medications. Work status is "temporarily totally disabled." The diagnoses are Mood Disorder and Bipolar Disorder. On 12/17/2014, Utilization Review partially certified prescriptions from 12/3/2014, for Cymbalta, Lamictal, Topamax, Risperdal, and Ativan. Prescriptions were written for 12 months and they were certified for one month only, pending receipt of better reports. The MTUS, chronic pain medical treatment; the Official Disability Guidelines, pain and the mental illness and stress chapters; and WebMD, Risperidone for bi-polar disease, were all cited. The Utilization Review, recent and past, noted the lack of adequate medical reports, lack of clear benefit, and prescribing for what might be neuropathic pain as well as psychiatric disorders. Utilization Review noted that better reports were requested but not received.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cymbalta 60mg 2 Tabs Twice Daily #60 For 12 Months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Antidepressants for chronic pain SNRIs (serotonin noradrenaline reuptake inhibitors) Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, antidepressants.

**Decision rationale:** The treating psychiatrist has not provided any information showing medical necessity for psychiatric medications beyond a list of symptoms and diagnoses which have not changed over time. In this case, medical necessity would be presumed rather than demonstrated by any records. Given that pain and psychiatric symptoms often change over time, it is not likely that this injured worker's condition, pattern of usage and response to medications is in fact static for years, and this cannot be presumed to be the case. The requested medication is for 12 months, which implies a continuation of the unknown current and past psychiatric status, based on the reports which are not very informative. Cymbalta may be indicated for chronic pain and depression, per the cited guidelines. However, ongoing use of this or any other medication requires periodic follow-up and reassessment, as is outlined in the MTUS. No such reassessments are in evidence. The treating physician has not provided further information after multiple requests from Utilization Review. The available records do not show any significant improvement, and the treating physician has stated that the injured worker remains unable to perform any work, which implies a very poor status. Given the lack of informative reports and the duration of the requested prescription, Cymbalta is not medically necessary.

### **Lamictal 100mg 2 Tabs Twice Daily #120 For 12 Months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, treatment of bipolar disease, lamotrigine.

**Decision rationale:** The treating psychiatrist has not provided any information showing medical necessity for psychiatric medications beyond a list of symptoms and diagnoses which have not changed over time. In this case, medical necessity would be presumed rather than demonstrated by any records. Given that pain and psychiatric symptoms often change over time, it is not likely that this injured worker's condition, pattern of usage, and response to medications is in fact static for years, and this cannot be presumed to be the case. The requested medication is for 12 months, which implies a continuation of the unknown current and past psychiatric status, based on the reports which are not very informative. Lamictal may be indicated for chronic pain and bipolar

disease, per the cited guidelines. However, ongoing use of this or any other medication requires periodic follow-up and reassessment, as is outlined in the MTUS, and evidence of benefit. No such reassessments are in evidence. The treating physician has not provided further information after multiple requests from Utilization Review. The available records do not show any significant improvement, and the treating physician has stated that the injured worker remains unable to perform any work, which implies a very poor status. Given the lack of informative reports and the duration of the requested prescription, Lamictal is not medically necessary.

**Topamax 50mg 3 Tabs Daily #90 For 12 Months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, treatment of bipolar disease, topiramate.

**Decision rationale:** The treating psychiatrist has not provided any information showing medical necessity for psychiatric medications beyond a list of symptoms and diagnoses which have not changed over time. In this case, medical necessity would be presumed rather than demonstrated by any records. Given that pain and psychiatric symptoms often change over time, it is not likely that this injured worker's condition, pattern of usage, and response to medications is in fact static for years, and this cannot be presumed to be the case. The requested medication is for 12 months, which implies a continuation of the unknown current and past psychiatric status, based on the reports which are not very informative. Topamax may be indicated for chronic pain and bipolar disease, per the cited guidelines. However, ongoing use of this or any other medication requires periodic follow-up and reassessment, as is outlined in the MTUS, and evidence of benefit. No such reassessments are in evidence. The treating physician has not provided further information after multiple requests from Utilization Review. The available records do not show any significant improvement, and the treating physician has stated that the injured worker remains unable to perform any work, which implies a very poor status. Given the lack of informative reports and the duration of the requested prescription, Topamax is not medically necessary.

**Risperdal 1mg 2 Tabs Daily #60 For 12 Months: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, atypical antipsychotics, bipolar disorder treatment.

**Decision rationale:** The treating psychiatrist has not provided any information showing medical necessity for psychiatric medications beyond a list of symptoms and diagnoses which have not changed over time. In this case, medical necessity would be presumed rather than demonstrated by any records. Given that psychiatric symptoms often change over time, it is not likely that this

injured worker's condition, pattern of usage, and response to medications is in fact static for years, and this cannot be presumed to be the case. The requested medication is for 12 months, which implies a continuation of the unknown current and past psychiatric status, based on the reports which are not very informative. Risperdal may be indicated for bipolar disorder, per the cited guidelines. However, ongoing use of this or any other medication requires periodic follow-up and reassessment, as per guidelines. No such reassessments are in evidence. The treating physician has not provided further information after multiple requests from Utilization Review. The available records do not show any significant improvement, and the treating physician has stated that the injured worker remains unable to perform any work, which implies a very poor status. Given the lack of informative reports and the duration of the requested prescription, risperdal is not medically necessary.

**Ativan 0.5mg 1 Every (Illegible) Hours As Needed (Illegible) For 12 Months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, benzodiazepines.

**Decision rationale:** The treating psychiatrist has not provided any information showing medical necessity for psychiatric medications beyond a list of symptoms and diagnoses which have not changed over time. In this case, medical necessity would be presumed rather than demonstrated by any records. Given that pain and psychiatric symptoms often change over time, it is not likely that this injured worker's condition, pattern of usage, and response to medications is in fact static for years, and this cannot be presumed to be the case. The requested medication is for 12 months, which implies a continuation of the unknown current and past psychiatric status, based on the reports which are not very informative. The MTUS and the Official Disability Guidelines do not recommend benzodiazepines for long term use for any condition. Should this injured worker be an exception to the rule, the treating physician would need to present specific clinical information to the contrary along with evidence of periodic follow-up and reassessment, as is outlined in the MTUS. No such reassessments or exceptional information is in evidence. Given the lack of informative reports and the duration of the requested prescription, Ativan is not medically necessary.