MAXIMUS Federal Services

Case Number:	CM15-0013699		
Date Assigned:	02/02/2015	Date of Injury:	09/27/2004
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old male sustained an industrial injury to the low back on 9/27/04. The injured worker was diagnosed with lumbar spine disc herniation L4-5. The injured worker was being treated for ongoing low back pain and psychiatric issues. In a psychiatric PR-2 dated 1/9/15, the injured worker reported that he had gone to the Emergency Room due to severe back pain and weakness. He had had difficulty walking since that time. The physician noted that he was depressed and feeling hopeless and helpless. Current diagnosis was major depressive disorder with psychotic features. In a progress noted dated 2/2/15, the injured worker had completed six sessions of chiropractic therapy and reported reduction of pain by 30% with an increase in leg strength. The physician noted that the injured worker was not a good candidate for spinal surgery unless the psychiatric status stabilized significantly. In a psychiatric PR-2 dated 1/21/15, the physician noted that the injured worker suffered from severe depression with hallucinations. The injured worker required medications to stabilize him to the point where he could undergo back surgery. The treatment plan included Cymbalta 60mg daily for depression, Geodon 80mg twice a day for hallucination, Ability 40 daily for hallucinations and Amitiza 24 mcg daily for constipation. The physician noted that if the Geodon is only approved for 30 days, the injured worker would then decompensate and be unable to undergo back surgery. On 1/16/15, Utilization Review noncertified a request for Amitiza 24mcg #30 With 3 Refills and modified a request for 1 Prescription For Geodon 80mg #60 With 3 refills to 1 Prescription For Geodon 80mg #30 With 3 citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Amitiza 24mcg #30 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Opioid-induced constipation treatment

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, Amitiza was recommended and taken and recently requested to be renewed. In the case of this worker, there was insufficient documentation of any efforts to trial first-line therapies as described above (diet, water, etc.) to be able to justify the use of an oral agent such as Amitiza. Also, other medications such as Colace, which he tried are recommended over Amitiza. There was also no up to date report submitted describing the worker's stool habits and the effects of Amitiza. Therefore, considering these factors, the Amitiza will be considered medically unnecessary.

1 Prescription for Geodon 80mg #60 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398. Decision based on Non-MTUS Citation Mental Illness section, Atypical antipsychotics

Decision rationale: The MTUS ACOEM Guidelines do not discuss risperidone specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and

improved functioning with their use is minimal to none. In the case of this worker, who has hallucinations and is being treated with both Abilify and Geodon for these symptoms, there was insufficient reports on the effectiveness of the Geodon on these symptoms nor any side effects as evidence of this discussion was not found in the short progress notes available for review. Without this documented evidence of significant benefit of Geodon, it will be considered medically unnecessary until provided for review.