

<b>Case Number:</b>	CM15-0125317		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: 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 (IW) is a 45-year-old male who sustained an industrial injury on 02/02/2015. He reported an assault with resultant closed head trauma, head laceration and stress reaction. The injured worker was diagnosed as having closed head trauma, and a head laceration. A MRI of the head was normal. He was later diagnosed with post-traumatic stress disorder. Treatment to date has included home exercises a psych referral and medications. Currently, the injured worker complains of headaches and insomnia with frequent depression with occasional blurred vision. On exam, he has no physical deficits. His pupils are equal round, and reactive to light. Extraocular movements are normal. He does complain of an eye twitch. His psych evaluation on 05/04/2015 found that he was suffering from mood disorder due to a medical condition; anxiety disorder due to a medical condition; mild cognitive impairment due to a medical condition all related to the traumatic brain injury on 02/02/15. The plan was to continue psychiatric treatment with medication and psychotherapy. Medications of Lamictal (for control of mood swings) Saphris (to address symptoms of hallucinations/paranoia) Toporol (to address symptoms of anticipatory anxiety and panic) were prescribed. A request for authorization is made for the following: 1. Lamictal 100mg #60, 2 Saphris 5mg # 60, 3. Toporol XL 50mg #30, and 4. Klonopin 0. 5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamictal 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20. 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 FDA.gov: LAMICTAL.

**Decision rationale:** LAMICTAL is indicated for the maintenance treatment of Bipolar I Disorder to delay the 46 time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in adults 47 (18 years of age) treated for acute mood episodes with standard therapy. It is also indicated as adjunctive therapy for the following seizure types in patients 2 years of age: partial seizures, primary generalized tonic-clonic seizures and generalized seizures of Lennox-Gastaut syndrome and for conversion to monotherapy in adults (16-38 years of age) with partial seizures who are receiving treatment with carbamazepine, phenytoin, phenobarbital, primidone, or valproate as the single anti-epileptic drug (AED). The injured worker does not have a diagnosis of Bipolar disorder or Seizure disorder. The use of lamictal in this case is off label and thus the request for Lamictal 100mg #60 is excessive and not medically necessary.

**Saphris 5mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation [www.drugs.com/sapris](http://www.drugs.com/sapris). [tmlhttp://www.webmd.com/drugs/2/drug-152902/saphris+sublingual/details](http://www.webmd.com/drugs/2/drug-152902/saphris+sublingual/details); Official Disability Guidelines (ODG), Mental Illness and Stress Chapter updated 03/25/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental/ Atypical antipsychotics and Other Medical Treatment Guidelines FDA.gov: Asenapine (SAPHRIS).

**Decision rationale:** Asenapine (SAPHRIS) is a second generation antipsychotic approved for the treatment of schizophrenia and manic episodes in bipolar I disorder. The injured worker encountered closed head trauma, head laceration and stress reaction and was later diagnosed with post-traumatic stress disorder. He does not carry the diagnoses of schizophrenia or bipolar I disorder. The use of Saphris in this case is off label and also there is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Thus the request for Saphris 5mg # 60 is excessive and not medically necessary.

**Toporol XL 50mg #30: 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 FDA.gov Toporol XL 5.

**Decision rationale:** TOPROL-XL is indicated for the treatment of hypertension, for long-term treatment of angina pectoris and for the treatment of stable, symptomatic (NYHA Class II or III)

heart failure of ischemic, hypertensive, or cardiomyopathic origin. The injured worker has not been diagnosed with any of the above conditions for which Toprol is indicated. The use of Toprol in this case is off label and thus the request for Toprol XL 50mg #30 is excessive and not medically necessary.

**Klonopin 0.5mg #60:** 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 Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "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, anti-convulsant, 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 Klonopin 0.5mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Klonopin 0.5 mg #60 is excessive and not medically necessary.