

Case Number:	CM15-0095138		
Date Assigned:	05/21/2015	Date of Injury:	05/01/2010
Decision Date:	09/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who sustained an industrial injury on 5/1/10 when he fell from a roof sustaining a head injury with cognitive deficits, multiple pelvic fractures, fractured left radius and left mandible fracture. He currently complains of chronic pain involving his neck, back, pelvis, jaws, head, left wrist and left lower radicular symptoms. In addition, he currently has confusion, poor memory, chronic pain but showed improvement with anxiety and no longer has insomnia as long as he is on his medication. He complains of frequent headaches, leg and hand pain. His overall pain level is 3/10. He has decreased irritability but still sensitive to light. He has difficulty following instructions and activities of daily living are compromised as he needs help monitoring his medications, he forgets words. Medications are Norco, Neurontin, Abilify, amitriptyline, Zoloft, Xanax, Colace, Zantac, Seroquel, Klonopin, Topamax and Lamictal. Diagnoses include chronic pain syndrome of the neck, back, pelvis and left wrist with radicular pain to the left lower extremity; left sciatic pain, rule out left lumbosacral radiculopathy; status post multiple pelvic fractures, including left superior ramus, left sacrum and left posterior ileus; status post severe comminuted fracture of the left distal radius, status post internal and external fixation; status post left mandibular fracture and dental fractures; post concussive syndrome with disequilibrium, headaches and cognitive deficits; post-traumatic stress; depression with psychosis; severe anxiety. Treatments to date include medications, physical therapy, aquatic therapy and psychological therapy. Diagnostics include x-ray of the cervical spine (11/18/14) showing C5-6 minor osteophytosis without disc space narrowing; lumbar spine x-ray showed moderate rotoscoliosis; MRI of the cervical spine (7/12/14) showing

minimal posterior annular extension; lumbar MRI (7/2/14) showing mild anterior wedge compression deformity at T12; computed tomography of the lumbar spine (6/20/14) showing bilateral L5-S1 spondylosis. In the progress note dated 2/16/15 the treating provider's plan of care includes Lamictal 200 mg a day # 30 for irritability; Lamictal 25 mg, two per day # 60; Abilify 10 mg three times per day for anxiety and psychotic depression; Seroquel 200 mg at bedtime for anxiety and depression; Topamax 100 mg # 60 for pain and migraines. In the progress note dated 4/27/15 the treating provider recommended Lumosity.com for cognitive issues and monitoring of poor executive functioning therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 200mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Anti-epilepsy drugs (AEDs).

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for LAMICTAL 200mg #30. There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. MTUS and ACOEM guidelines do not discuss Lamictal. ODG guidelines, Pain (chronic) chapter under Anti-epilepsy drugs (AEDs) for pain states: Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Medline Plus, a service of U.S. National Library of Medicine at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a695007.html>, states "Lamotrigine extended-release tablets are used with other medications to treat certain types of seizures in patients who have epilepsy. All types of lamotrigine tablets other than the extended-release tablets are used alone or with other medications to treat seizures in people who have epilepsy or Lennox-Gastaut syndrome (a disorder that causes seizures and often causes developmental delays). All types of lamotrigine tablets other than the extended-release tablets are also used to increase the time between episodes of depression, mania (frenzied or abnormally excited mood),

and other abnormal moods in patients with bipolar I disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Lamotrigine has not been shown to be effective when people experience the actual episodes of depression or mania, so other medications must be used to help people recover from these episodes. Lamotrigine is in a class of medications called anticonvulsants. It works by decreasing abnormal electrical activity in the brain." Medline Plus also warns that the medication "may cause rashes, including serious rashes that may need to be treated in a hospital or cause permanent disability or death." In this case, Lamictal is only noted in progress report dated 02/16/15. It is not clear when the medication was prescribed for the first time. The treater does not document efficacy and the impact of the drug on the patient's symptoms. The treater states that the medication is for the patient's "irritability." In an appeal, dated 05/18/15 (after the UR denial date), the treater states that the patient suffers from complex psychotic disorder and "he is a danger to himself and to others." MTUS and ACOEM guidelines do not discuss Lamictal. Although ODG guidelines support its use for neuropathic condition, the psychiatrist is recommending it for "irritability," as per progress report dated 02/16/15. There is no discussion in ODG regarding this. Medline Plus also does not indicate this medication for irritability. Hence, the request IS NOT medically necessary.

Lamictal 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20, 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Anti-epilepsy drugs (AEDs).

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for LAMICTAL 25mg #60. There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. MTUS and ACOEM guidelines do not discuss Lamictal. ODG guidelines, Pain (chronic) chapter under Anti-epilepsy drugs (AEDs) for pain states: Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Medline Plus, a service of U.S. National Library of Medicine at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a695007.html>, states "Lamotrigine

extended-release tablets are used with other medications to treat certain types of seizures in patients who have epilepsy. All types of lamotrigine tablets other than the extended-release tablets are used alone or with other medications to treat seizures in people who have epilepsy or Lennox-Gastaut syndrome (a disorder that causes seizures and often causes developmental delays). All types of lamotrigine tablets other than the extended-release tablets are also used to increase the time between episodes of depression, mania (frenzied or abnormally excited mood), and other abnormal moods in patients with bipolar I disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Lamotrigine has not been shown to be effective when people experience the actual episodes of depression or mania, so other medications must be used to help people recover from these episodes. Lamotrigine is in a class of medications called anticonvulsants. It works by decreasing abnormal electrical activity in the brain." Medline Plus also warns that the medication "may cause rashes, including serious rashes that may need to be treated in a hospital or cause permanent disability or death." In this case, Lamictal is only noted in progress report dated 02/16/15. It is not clear when the medication was prescribed for the first time. The treater does not document efficacy and the impact of the drug on the patient's symptoms. The treater states that the medication is for the patient's "irritability." In an appeal, dated 05/18/15 (after the UR denial date), the treater states that the patient suffers from complex psychotic disorder and "he is a danger to himself and to others." MTUS and ACOEM guidelines do not discuss Lamictal. Although ODG guidelines support its use for neuropathic condition, the psychiatrist is recommending it for "irritability," as per progress report dated 02/16/15. Unfortunately, while the treater mentions why Lamictal is used, there is no explanation as to whether or not this medication has been effective in managing the patient's pain/psychiatric condition. The request IS NOT medically necessary.

Abilify 10mg #90: Overturned

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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Aripiprazole (Abilify).

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for ABILIFY 10mg #90. There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. ODG-TWC, Mental Illness & Stress Chapter under Aripiprazole (Abilify) states: "Not recommended as a first-line

treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." In this case, a prescription for Abilify is noted in progress report dated 02/16/15. The medication is being prescribed for "anxiety and psychotic depression." In the same report, the treater states, "On lower doses of Abilify and Seroquel, he could not do anything including reading, therapy and life skills. Life had a no value and he was suicidal. Abilify and Seroquel also help psychosis and anxiety." In an appeal, dated 05/18/15 (after the UR denial date), the treater states that the patient suffers from complex psychotic disorder and "he is a danger to himself and to others." Abilify does appear efficacious and its use is supported by ODG, Hence, the request IS medically necessary.

Seroquel 200mg #60: 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 Official Disability Guidelines (ODG) Mental Illness and Stress chapter under Atypical Antipsychotics.

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for SEROQUEL 200mg #60. There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. ODG guidelines, Mental Illness and Stress chapter under Atypical Antipsychotics section states: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics, eg, quetiapine, risperidone, for conditions covered in 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. (Spielmans, 2013) 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 should not be first-line treatment to treat behavioral problems." The guidelines go on and state, "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)" MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, a prescription for

Seroquel is noted in progress report dated 02/16/15. The medication is being prescribed for "anxiety and psychotic depression." In the same report, the treater states, "On lower doses of Abilify and Seroquel, he could not do anything including reading, therapy and life skills. Life had a no value and he was suicidal. Abilify and Seroquel also help psychosis and anxiety." In an appeal, dated 05/18/15 (after the UR denial date), the treater states that the patient suffers from complex psychotic disorder and "he is a danger to himself and to others." The patient has been diagnosed with major depression. However, ODG classifies Seroquel as an atypical antipsychotic, which is not recommended for conditions covered in ODG and further states that adding atypical antipsychotic to an antidepressant, provides "limited improvement in depressive symptoms in adults." Hence, the request IS NOT medically necessary.

Topamax 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for TOPAMAX 100mg #60. There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. Regarding Topiramate (Topamax), MTUS Guidelines page 21 and Topiramate (Topamax) section states "Topiramate 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 have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at post herpetic neuralgia and painful polyneuropathy." In this case, a prescription for Topamax is noted in progress report dated 02/16/15. It is not clear when the medication was prescribed for the first time. The medication is being prescribed for "pain and headaches." The treater states "topamax helps with headaches but still high." The patient has been diagnosed with chronic pain syndrome but there is no indication of neuropathic pain. Additionally, the treater does not document the efficacy of Topamax in terms of reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request IS NOT medically necessary.

Lumosity.com computer subscription QTY: 12 months: 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 www.lumosity.com/.

Decision rationale: The 33-year-old patient complains of pain in neck, back, pelvis, jaw, head and left wrist with some associated radicular symptoms to the left lower extremity along with anxiety, dizziness and cognitive deficits, as per progress report dated 02/26/15. The request is for LUMOSITY.COM COMPUTER SUBSCRIPTION QTY: 12 MONTHS). There is no RFA for this case, and the patient's date of injury is 05/01/10. Diagnoses, as per progress report dated 02/26/15, included post concussive syndrome with disequilibrium, headaches, and cognitive deficits; status post multiple pelvic fractures; status post internal and external fixation of left distal radius fracture; status post left mandibular and dental fractures; chronic pain syndrome; left sciatic pain; r/o lumbar radiculopathy; post-traumatic stress disorder with depression; sleep issues secondary to anxiety. Medications included Norco, Neurontin, Abilify, Amitriptyline, Zoloft, Xanax, Colace and Zantac. The patient is not working due to restrictions, as per the same progress report. Lumosity.com, at <http://www.lumosity.com/>, helps "challenge your brain with games designed by neuroscientists to exercise memory and attention." The ODG guidelines Head chapter under Lumosity states: Not recommended as a stand-alone treatment for TBI. See working memory training. Lumosity is an online brain training and neuroscience research program from Lumos Labs, including games in the areas of memory, attention, flexibility, speed of processing, and problem solving. Studies of Lumosity's effectiveness have shown mixed results. The request for Lumosity.com membership is only noted in progress report dated 05/18/15 (after the UR denial date). The treater does not explain the purpose of this request. There is no discussion regarding the need for specialized games and puzzles. There is no documentation of specific objective and subjective outcomes about Lumosity membership. ODG does not recommend this training program as "Studies of Lumosity's effectiveness have shown mixed results." Hence, it IS NOT medically necessary.