

<b>Case Number:</b>	CM13-0002612		
<b>Date Assigned:</b>	07/25/2013	<b>Date of Injury:</b>	07/05/2001
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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 physician 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.

### 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 claimant is a 49 - year - old gentleman injured on 07/01/2001, sustaining a head , lumbar spine, and right upper extremity injury when a machine fell on him. A letter of appeal from the treating physician dated 08/09/2013 indicates that the claimant began to develop frequent headaches and ongoing and persistent neck, right upper extremity, and low back pain. He was treated conservatively with therapy, injections, activity restrictions, and medications. The treating physician wrote an appeal letter in regards to the recent denial of Lyrica, clonazepam, Lorazepam, quetiapine, trazodone, fluoxetine, and bupropion. He indicated the claimant's continued benefit with the agents. [REDACTED] also indicated that the claimant was under the care of psychiatrist [REDACTED], who indicated the current regimen of medications were effective in alleviating some of his current behavioral health diagnoses. Diagnoses include post - traumatic nasal septal deviation, cervical strain, and post - traumatic head syndrome with dizziness. The treatment plan is to provide medication management, with clonazepam, lyrican, lorazepam, Quetiapine, trazodone, fluoxetine, and bupropion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown medication management once every 6 weeks 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, Pain Chapter, Office Visit

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines do not provide recommendations for clinical followup assessments. When looking at ODG, office visits are indicated in the management of chronic pain and are recommended "as determined to be medically necessary." Followup every 6 weeks for the next 12 weeks would not be indicated. This claimant is now 12+ years from the time of injury, being managed in the chronic setting with medications. There does not appear to be acute change or issue in regards to his medication usage, nor does he appear to be regressing or significantly benefiting from the current regimen. At the chronic stage in the claimant's clinical course, followup assessments every 6 weeks for the next year would not be supported. The premise is that spacing between appointments could become more elongated at this stage in the claimant's chronic course of clinical care.

**Clozapem 1mg #60 with one refill:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of clonazepam would not be supported. Guidelines recommend that the long - term use of benzodiazepines have not been proven and guideline criteria would limit their use to 4 weeks. The claimant is greater than 12 years from the time of injury with no indication or need for long - term benzodiazepine use. At last utilization review of 07/2013, an additional prescription was given for weaning purposes. The continued use of this medication at this state in chronic course of care would not be supported.

**Lyrica 150mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

**Decision rationale:** Based on California MTUS Chronic Pain Management Treatment Guidelines, Lyrica would not be supported in this case. While the claimant is with multiple diagnoses from multiple injuries sustained at the time of the accident in 2001, Lyrica is documented to be FDA approved for diabetic neuropathy and postherpetic neuralgia. It is also FDA approved for the treatment of fibromyalgia. This claimant does not have a current working

diagnosis for which Lyrica would be utilized. The need for continuation of this agent would not be supported.

**Lorazepam 1mg #90 with one refill:** 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 rationale:** Based on California MTUS Chronic Pain Management Treatment Guidelines, the use of Lorazepam or benzodiazepine also would not be indicated. As stated above, weaning prescription of medication was approved in the 07/2013 utilization review. There is no indication for long - term use of benzodiazepines beyond a 4 week short - term course of care. At this stage in the claimant's chronic course of care 12 years from injury, the continued use of this agent for which a weaning period has already been prescribed would not be indicated.

**Quetiapine 200mg #60 with on refill:** 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, Mental Chapter, Atypical Anti-Psychotics..

**Decision rationale:** California ACOEM and MTUS guidelines are silent. When looking at ODG criteria, the use of quetiapine, an atypical anti-psychotic, is not supported. In regards to atypic anti-psychotic use, ODG state that there is insignificant evidence to recommend the role of these medications for conditions that are supported by Official Disability Guidelines. The continued role of this agent, thus, would not be supported as necessary.

**Trazodone HCL #30 with 1 refill:** 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, Mental Chapter, Trazodone..

**Decision rationale:** California ACOEM and MTUS Guidelines are silent. When looking at ODG criteria, continued role of trazodone would not be supported. Trazodone is recommended as an option for insomnia, as well as an option in patients with coexisting depression and

insomnia. Records do not indicate a current diagnosis of insomnia or continued need for treatment of the above. Specific request for this agent would not be indicated.

**Fluoxetine 20mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness/Stress (Acute & Chronic).

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

**Decision rationale:** California ACOEM and MTUS guidelines are silent. When looking at ODG criteria, continued role of fluoxetine would be supported. Fluoxetine is recommended as a first - line treatment of major depressive disorder. This claimant's documented mental health history is understood to include major depressive disorder. Continued role of this agent would appear medically necessary.

**Bupropion XL 150mg #90 with 1 refill: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness/Stress (Acute & Chronic).

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

**Decision rationale:** California ACOEM and MTUS guidelines are silent. When looking at ODG criteria, continued role of bupropion would also be supported. Bupropion is also recommended as a first - line treatment option for major depressive disorder. Continued role of this agent in this case with well - documented mental health diagnosis would be supported as medically necessary.