

Case Number:	CM14-0001341		
Date Assigned:	01/22/2014	Date of Injury:	06/20/2003
Decision Date:	06/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who has filed a claim for major depressive disorder associated with an industrial injury date of June 20, 2003. Review of the progress notes indicates that patient is not doing well without medications in terms of symptoms of depression and anxiety. The patient has had suicidal ideation in the past. The patient was diagnosed with bipolar disorder while hospitalized in September 2013. The patient also has knee and lower extremity pain. The treatment to date has included muscle relaxant, Lithium, Wellbutrin, Ambien, Seroquel, Depakote, Neurontin, Paxil, Valium, opioids, weekly psychological treatment, and inpatient treatment. The patient has been having outpatient treatment for ten (10) years. The patient has had multiple knee surgeries, making the patient dependent on a cane, walker, or wheelchair for mobility. Utilization review from December 12, 2013 denied the request for lithium 300mg, as there is no documentation regarding bipolar disorder, or objective benefits derived from use of this medication; Valium 5mg as it is not recommended for long-term use; Seroquel 100mg as the guidelines do not recommend this as first-line therapy, and there is no documentation regarding benefits with this medication; and Ambien 10mg as there is no documentation regarding positive sleep outcomes with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 CAPSULES OF LITHIUM 300MG: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Lithium)

Decision rationale: According to the FDA, lithium is indicated in the treatment of manic episodes of bipolar disorder, and as a maintenance treatment for bipolar disorder to reduce the frequency of manic episodes. The patient has been on this medication since being diagnosed with bipolar disorder with depressed episode in September 2013. This medication is indicated to control acute manic episodes, or to reduce frequency of manic episodes. However, the patient presents with depressive episodes, and there is no clear indication for the continuation of this medication at this time. Therefore, the request for lithium 300mg #60 was not medically necessary per the guideline recommendations.

120 TABLETS OF VALIUM 5MG: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that 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 four (4) weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has been on this medication since at least May 2010. It is noted that this medication is being used for anxiety and muscle spasms. The discharge summary from September 2013 notes that the use of Valium will be decreased due to the chronicity of use. It is not clear as to why this patient is still taking this medication. Therefore, the request for Valium 5mg #120 was not medically necessary per the guideline recommendations.

120 TABLETS OF SEROQUEL 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Mental Illness & Stress Chapter, Quetiapine (Seroquel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Illness chapter, Atypical antipsychotics; Quetiapine (Seroquel); FDA (Seroquel).

Decision rationale: The Official Disability Guidelines indicate that atypical antipsychotics including quetiapine (Seroquel) is not recommended as a first-line treatment. The FDA reports that Seroquel is indicated for treatment of schizophrenia, acute treatment of depressive and manic episodes of bipolar disorder, and maintenance treatment of bipolar I disorder. The patient has been on this medication since at least April 2009. The patient reports wanting to be weaned off Seroquel as it was not providing help. The discharge summary from September 2013 reports that this medication was to be discontinued over several days. Recent progress notes do not indicate a continued benefit with this medication. Therefore, the request for Seroquel 100mg #120 was not medically necessary per the guideline recommendations.

30 TABLETS OF AMBIEN 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Online Edition Chapter: Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate)

Decision rationale: The Official Disability Guidelines indicate that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. The patient has been on this medication since January 2013. There is no recent documentation regarding sleep difficulties in this patient. Also, this medication is not recommended for long-term use. Therefore, the request for Ambien 10mg #30 was not medically necessary per the guideline recommendations.