MAXIMUS Federal Services

| Case Number: | CM14-0005015 | | |
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| Date Assigned: | 01/29/2014 | Date of Injury: | 01/24/2005 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

## 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:

This is a 50 year old female with a 1/24/05 date of injury who was a cook at a high school cafeteria when she tried to break up a fight and has had back pain since. She has a diagnosis of anxiety, depression, and chronic pain syndrome. She was noted to have suicidal ideation secondary to her chronic pain on 12/19/13. It was also noted the patient was denied her pain medications by her insurance company and is not able to function without them. She had a behavioral medicine evaluation on 1/14/14 where it was noted her pain was a 3-4/10 with her medications. She is noted to be depressed despite taking Seroquel, Abilify, Wellbutrin, Pristiq, and Alprazolam. The patient denoted panic attacks and agoraphobia. She did not feel her psychotropic medications were helpful for her depressive symptoms despite being on them long term. Exam findings revealed passive suicidal thinking but had no suicidal plan. Her mood was depressed and anxious with flat affect. It was noted she gets 2-4 hours of sleep per night despite her medications. A utilization review determination dated 1/7/14 denied the requests for Seroquel, Wellbutrin, Ambien, and Alprazolam given the medication quantities were not specified. In addition, the request for Ambien and Alprazolam were denied, as long-term use is not recommended in these medications. Pristiq was denied for unknown reasons. UR decision date 1/7/14 denied the requests for Seroquel, Wellbutrin, Ambien, and Alprazolam given the medication quantities were not specified. In addition, the request for Ambien and Alprazolam were denied, as long-term use is not recommended in these medications. Pristiq was denied for unknown reasons.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SEROQUEL SR 00MG:** 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 SEROQUEL

**Decision rationale:** The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex. A behavioral assessment from 1/14/14 noted that the patient still had suicidal thoughts despite her psychotropic medications, inlcuding Seroquel. Given the chronicity of use of this medication and the lack of improvement in this patient's psychaitric symptoms, the request as submitted is not medically necessary and appropriate.

**WELLBUTRIN XL 300MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 15, 105.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. A behavioral assessment from 1/14/14 noted that the patient still had suicidal thoughts despite her psychotropic medications, inlcuding wellbutrin. Given the chronicity of use of this medication and the lack of improvement in this patient's psychaitric symptoms, the request as submitted is not medically necessary.

**AMBIEN 10MG:** 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) PAIN CHAPTER FDA AMBIEN

**Decision rationale:** The ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient is noted to be getting 2-4 hours of sleep per

night as of a behavioral assessment on 1/14/14 with this medication. She has used it chronically and chronic daily use of this medication exceeds the ODG with regard to length of use. In addition, this medication deprives the patient of stage III and IV sleep thus chronic daily use can result in sleep deprivation over time. Therefore, the request for Ambien 10 mg is not medically necessary and appropriate.

**ABILIFY 20MG:** 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 ABILIFY

**Decision rationale:** The FDA states that Abilify is indicated for Schizophrenia, acute treatment of manic and mixed episodes, maintenance treatment of bipolar 1 disorder, adjunctive treatment of major depressive disorder, irritability associated with autistic disorder, and agitation associated with schizophrenia or bipolar mania. A behavioral assessment from 1/14/14 noted that the patient still had suicidal thoughts despite her psychotropic medications, inlcuding abilify. Given the chronicity of use of this medication and the lack of documented improvement in this patient's psychaitric symptoms, the request for Abilify as submitted is not medically necessary and appropriate.

**ALPRAZOLAM 1MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxants. They 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. The patient is noted to have been on Xanax chronically but as of a behavioiral assessment on 1/14/14 she still ntoed panic attacks and agoraphobia despite use of Xanax. The standard of care for treatment of anxiety disorder is an SSRI, which the patient is not noted to be on. The request for Alprazolam is not medically necessary and appropriate.

**PRISTIQ ER 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 15, 105.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. A behavioral assessment from 1/14/14 noted that the patient still had suicidal thoughts despite her psychotropic medications, inlcuding Pristiq. Given the chronicity of use of this medication and the lack of improvement in this patient's psychaitric symptoms, the request for Pristiq is not medically necessary.