

<b>Case Number:</b>	CM14-0017733		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old male who reported an injury on 01/20/2003 due to cumulative trauma while performing normal job duties. The claimant had extensive conservative treatments to include multiple medications, physical therapy, shockwave therapy, epidural steroid injections, and surgical intervention. The claimant was monitored for aberrant behavior with urine drug screens. The claimant was evaluated on 11/01/2013. It was documented that the injured worker's clinical presentation had remained unchanged with continued severely depressed and anger issues. The claimant continued to have paranoid feelings with auditory hallucinations. Diagnoses included major depressive disorder, psychological factors affecting medical condition, and pain disorder associated with psychological factors. Treatment plan included continuation of medications. These medications included Latuda 80 mg 2 every night for psychosis, Seroquel 400 mg 3 every night for psychosis, Ativan 1 mg every morning for anxiety, a Klonopin wafer 2 mg every day for anxiety, Wellbutrin 300 mg every morning for depression, and Risperdal 2 mg every day for psychosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SEROQUEL 400MG, #90:** Upheld

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The MTUS/ACOEM Guidelines recommends short durations of antidepressants in the management of depressive and stress related conditions associated with chronic pain. The clinical documentation submitted for review does indicate that the employee has been on this medication since at least 05/2013. However, the clinical documentation does not provide any significant functional benefit as a result of the medication schedule. Therefore, continuation of treatment would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for Seroquel 400 mg, #90 is not medically necessary and appropriate.

**ATIVAN 1MG, #30:** Upheld

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 398-404.

**Decision rationale:** The MTUS/ACOEM Guidelines does not support the long-term use of anxiolytic, as there is a high risk of psychological and physical dependency. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. The clinical documentation submitted for review does not provide a significant change in the injured worker's presentation to support continued use of this medication. Additionally, as the employee has already been on this medication for an extended duration, additional treatment with this medication would not be supported. Also, the request itself does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Ativan 1 mg, #30 is not medically necessary and appropriate.

**KLONOPIN WAFER 2MG, #30:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The MTUS/ACOEM Guidelines does not support the long-term use of anxiolytic, as there is a high risk of psychological and physical dependency. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. The clinical documentation submitted for review does not

provide a significant change in the employee's presentation to support continued use of this medication. Additionally, as the employee has already been on this medication for an extended duration, additional treatment with this medication would not be supported. Also, the request itself does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Klonopin Wafer 2 mg, #30 is not medically necessary and appropriate.