

Case Number:	CM14-0135717		
Date Assigned:	08/29/2014	Date of Injury:	03/12/2001
Decision Date:	09/26/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 3/12/01 date of injury. At the time (6/19/14) of request for authorization for 1 Prescription of Diazepam 10mg #180, 1 Prescription of Quetiapine 150mg #60 with 5 refills, and 1 Prescription of Gabapentin 300mg #90 with 5 refills, there is documentation of subjective (ongoing back and neck pain) and objective (tenderness to palpation over the C7 level with head tilted laterally to the right; and stressed/depressed mood and affect) findings, current diagnoses (chronic neck pain, chronic back pain, and anxiety/depression), and treatment to date (Diazepam since at least 4/1/10 with pain relief and ongoing therapy with Quetiapine, Cymbalta, Nortriptyline and Gabapentin with pain relief). Regarding 1 Prescription of Diazepam 10mg #180, there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Diazepam. Regarding 1 Prescription of Quetiapine 150mg #60 with 5 refills, there is no documentation of schizophrenia and bipolar disorder; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Quetiapine. Regarding 1 Prescription of Gabapentin 300mg #90 with 5 refills, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of diazepam 10mg #180: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain and chronic back pain. However, given documentation of ongoing treatment with Diazepam since at least 4/1/10, there is no documentation of short-term (less than 4 weeks) treatment. In addition, despite documentation of pain relief with Diazepam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Diazepam. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Diazepam 10mg #180 is not medically necessary.

1 Prescription of quetiapine 150mg #60 with 5 refills: 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 Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants and Quetiapine (Seroquel).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Quetiapine (Seroquel) is not recommended as a first-line treatment and that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. In addition, ODG identifies documentation of schizophrenia and bipolar disorder as criteria necessary to support the medical necessity of Quetiapine. Within the medical information available for review, there is documentation of

diagnoses of chronic neck pain, chronic back pain, and anxiety/depression. In addition, there is documentation of chronic pain and Quetiapine used as second line treatment for depression. However, there is no documentation of schizophrenia and bipolar disorder. Lastly, despite documentation of ongoing treatment with Quetiapine with pain relief, there is no there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Quetiapine. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Quetiapine 150mg #60 with 5 refills is not medically necessary.

1 Prescription of gabapentin 300mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic back pain, and anxiety/depression. However, there is no documentation of neuropathic pain. In addition, despite documentation of ongoing treatment with Gabapentin with pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Gabapentin 300mg #90 with 5 refills is not medically necessary.