

<b>Case Number:</b>	CM14-0135731		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 41 year-old male with a date of injury of 6/16/2003. The patient's industrially related diagnoses include headaches, facial pain and low back pain. The disputed issues are one prescription of Soma 350mg #56, Seroquel 50mg #28 with 3 refills, Seroquel 25mg #28 with 3 refills, and Naproxyn sodium 550mg #60 with 3 refills. A utilization review determination on 8/12/2014 had non certified and/or certified with modification these requests. The stated rationale for the denial of Soma was that "muscle relaxants should only be used for a short duration for the treatment of acute pain...the patient has been prescribed Soma since at least October 2012, and there are no indications of an acute nature to the current complaints nor evidence of muscle spasms. Therefore for weaning purposes, one prescription of Soma was certified with modification to #5 only. Seroquel 50mg and 25mg were certified with modification to one prescription of Seroquel 50mg #28 with 1 refill and one prescription of Seroquel 25mg #28 with 1 refill. Similarly, Naproxen was certified with modification to 1 prescription of naproxen sodium 550mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF SOMA 350MG #56: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Relaxants/Carisoprodol Page(s): 65-67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Soma, the guidelines state: "it is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." Soma is metabolized into meprobamate, which is an anxiolytic. In the submitted documentation, the injured worker has been prescribed and is taking Soma 350 mg since 8/3/2012 on a regular basis. However, the guidelines do not recommend the use of Soma for longer than a 2-3 week period. Efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. The listed possible side effects of Soma include physical dependence and withdrawal with acute discontinuation. Based on the guidelines, continuation of Soma is not recommended and medical necessity cannot be established. Although Soma is not medically necessary, since withdrawal symptoms may occur with abrupt discontinuation, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit. The request is not medically necessary and appropriate.

**1 PRESCRIPTION OF SEROQUEL 50MG, #28 WITH 3 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress, Antipsychotics

**Decision rationale:** The Official Disability Guidelines states the following regarding Seroquel, an atypical antipsychotic: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by

the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)"In a progress report dated 1/23/2013, the treating physician stated that the injured worker had an emotional breakdown in October (2012) and was treated by a psychiatrist in a behavioral health center. At that time, the injured worker was started on Zoloft 100mg QD and Seroquel 50mg QD. The injured worker was not released until he established care with another psychiatrist. According to a QME on 1/14/2013, Ativan was tried for sleep while hospital but it did not help. According to a neurology consult report dated 10/11/2013, the practitioner stated that the patient did "not recall treatment with any antidepressant medication other than Zoloft, nor has he been treated with any other atypical antipsychotic other than the low-dose Seroquel." At that time certain recommendations were made by the consulting specialist primarily related to alterations in psychotropic medications. However, the specific recommendations were not implemented. In the progress report dated 7/17/2014, there is documentation that the injured worker tried Cymbalta in the past and did not find it helpful. There is no documentation that a first-line TCA medication had been tried. In the report, the treating physician noted that Seroquel 75mg (50mg+25mg) in combination with Zoloft 100mg helped the injured worker's mood, made him feel more calm, and helped with better sleep. It states: "He doesn't "freak out" as much, and his mood is more stable." The treating physician also stated that changes to the injured worker's psychotropic medications to better treat his mood and symptoms associated with post-concussion syndrome should be done by his psychiatrist. The referenced guidelines above recommend that antipsychotic drugs should not be use as first-line treatment. There is no clinical evidence that other first-line psychotropic medications were tried and failed before Seroquel 50mg QD was started together with Zoloft in 2012. However, if Seroquel is used, the guidelines recommend that off-label use of these drugs in people over 40 should be short-term. Yet the injured worker has taken Seroquel 50 mg QD for almost 2 years. Therefore, based on recommendations in the ODG referenced above, Seroquel 50mg #28 with 3 refills is not medically necessary.

### **1 PRESCRIPTION OF SEROQUEL 25MG, #28 WITH 3 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress, Antipsychotics

**Decision rationale:** In a progress report dated 1/23/2013, the treating physician stated that the injured worker had an emotional breakdown in October (2012) and was treated by a psychiatrist in a behavioral health center. At that time, the injured worker was started on Zoloft 100mg QD and Seroquel 50mg QD. The injured worker was not released until he established care with another psychiatrist. According to a QME on 1/14/2013, Ativan was tried for sleep while hospital but it did not help. According to a neurology consult report dated 10/11/2013, the practitioner stated that the patient did "not recall treatment with any antidepressant medication other than Zoloft, nor has he been treated with any other atypical antipsychotic other than the low-dose Seroquel." At that time certain recommendations were made by the consulting

specialist primarily related to alterations in psychotropic medications. However, the specific recommendations were not implemented. Seroquel 25mg QD was added on 11/8/2013 but the following visit (12/30/2013), there is no documentation of improvement in symptoms. In the progress report dated 7/17/2014, there is documentation that the injured worker tried Cymbalta in the past and did not find it helpful (trial date not available for review). However, there is no documentation that he tried and failed any other anti-depressants in the same or a different class. There is no documentation that a first-line TCA medication had been tried. In the report, the treating physician noted that Seroquel 75mg (50mg+25mg) in combination with Zoloft 100mg helped the injured worker's mood, made him feel more calm, and helped with better sleep. It states: "He doesn't "freak out" as much, and his mood is more stable." The treating physician also stated that changes to the injured worker's psychotropic medications to better treat his mood and symptoms associated with post-concussion syndrome should be done by his psychiatrist. The referenced guidelines above recommends that antipsychotic drugs should not be use as first-line treatment. There is no clinical evidence that other first-line psychotropic medications were tried and failed before Seroquel was started in 2012 together with Zoloft. However, if Seroquel is used, the guidelines recommend that off-label use of these drugs in people over 40 should be short-term. Yet the injured worker has taken Seroquel for almost 2 years. Therefore, based on recommendations in the Official Disability Guidelines, Seroquel 25 mg #28 with 3 refills is not medically necessary.

### **1 PRESCRIPTION OF ZOLOFT 100MG, #28 WITH 3 REFILLS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page(s): 13-17, 107.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states the following regarding the use of antidepressants for the treatment of non-neuropathic pain: "Recommended as an option in depressed patients, but effectiveness is limited." Although SSRI are not recommended as a first-line treatment for chronic pain, SSRIs may have a role in the treatment of secondary depression. The guidelines further states " "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." Zoloft is an SSRI. In a progress report dated 1/23/2013, the treating physician stated that the injured worker had an emotional breakdown in October (2012) and was treated by a psychiatrist in a behavioral health center that started him on Zoloft 100mg QD and Seroquel 50mg QD. On 11/16/12, the psychiatrist diagnosed patient with depression and insomnia. It was noted at that time that the depression was improving and the injured worker was continued on Zoloft 100mg QD. In a later progress report dated 7/17/2014, the treating physician documents that the injured worker tried Cymbalta (an SNRI) in the past and did not find it helpful. The report states that Seroquel 75mg (50mg+25mg) in combination with Zoloft 100mg help his mood. The documentation state that on his medication, he feels more calm and sleeps

better. He doesn't "freak out" as much, and his mood is more stable. Since the injured worker reports improvement in psychological symptoms on Zoloft 100mg, the guidelines support the use of this SSRI. Based on the recommendations, one prescription of Zoloft 100mg QD with 3 refills is medically necessary.

**1 PRESCRIPTION OF MAPROXYN SODIUM 550MG, #60 WITH 3 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states the following regarding specific recommendations for the use of non-steroid anti-inflammatory drugs (NSAIDs) in the management of chronic low back pain: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The submitted documentation dates back to 8/2012 and Naproxen 550mg twice daily was listed on the medications list. The injured worker has been prescribed Naprosyn sodium 550mg BID for over 2 years and there is no documentation that the medication was interrupted or discontinued. The injured worker reported that the medication worked well without any side effects. On the progress report dated 7/15/2014, the treating physician documented that Naprosyn decreased the injured worker's pain from 8/10 to 4/10 in conjunction with Norco and Soma. With the help of the medication, he was able to exercise, walk/stand longer, cook, and clean with less pain. However, the guidelines state that for the management of osteoarthritis "There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)." NSAIDs are recommended at the lowest dose for the shortest period for the treatment of moderate to severe pain. Based on the guidelines, continuation with Naprosyn 550mg BID for another 4 months without interruption to evaluate the injured worker's pain and functional level is not recommended. Therefore the request for 1 prescription of Naprosyn 550 mg #60 with 3 refills is not medically necessary. The utilization review determination to modify the approval to Naprosyn 550mg #60 with 1 refill is not medically necessary and appropriate.



