

Case Number:	CM14-0152459		
Date Assigned:	09/22/2014	Date of Injury:	10/15/2010
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 injured worker is a 60 year old female with date of injury 10/15/2010. Date of the UR decision was 9/9/2014. The injured worker encountered lumbar strain, closed fracture of lumbar vertebrae without mention of spinal cord injury when she attempted to break the fall of a senior resident who she was working as a caregiver for. Report dated 5/28/2014 suggested that psychological complaints secondary to the injury and loss of functioning included severe depression and anxiety, as well as insomnia. Frequent headaches, an overwhelming sense of hopelessness, isolation, loneliness, lack of interests, and worthlessness were reported. Loss of financial independence, as a consequence of her injury, added to her feelings of anxiety and depression. She underwent 6 psychotherapy sessions in May 2014. She was being prescribed Levothyroxine 75mcg daily, Tylenol as needed, vitamin D, Cymbalta 20 mg twice daily and mirtazapine 15 mg daily. She was given the diagnosis of Major Depressive Disorder and Pain Disorder Associated with both Psychological Factors and a General Medical Condition per that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 50mg (professional samples), QTY: 4 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIS). Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness and Stress, Quetiapine (Seroquel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Stress &Mental, Quetiapine (Seroquel)

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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 ere 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." The request for Seroquel XR 50mg (professional samples), QTY: 4 tablets is not medically necessary. There is no documentation of any functional improvement with the ongoing use of this medication. The request is not medically necessary.

Cymbalta 20 mg, QTY: 60 tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007). The injured worker has been given the diagnosis of Major Depressive Disorder and Pain Disorder Associated with both Psychological Factors and a General Medical Condition per that report. The request for for Cymbalta 20 mg, QTY: 60 tablets is medically necessary.

Quetiapine (Seroquel) 50 mg, QTY: 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SN. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness and Stress, 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) Stress &Mental, Quetiapine (Seroquel)

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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." The request for Quetiapine (Seroquel) 50 mg, QTY: 30 tablets is not medically necessary. There is no documentation of any functional improvement with the ongoing use of this medication. The request is not medically necessary.