

Case Number:	CM14-0154274		
Date Assigned:	09/23/2014	Date of Injury:	03/29/1999
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 62-year-old male who reported an injury on 03/29/1999. The mechanism of injury was not provided. The injured worker's medications included Seroquel 100 mg, Lyrica 50 mg, and Klonopin 0.5 mg since at least 01/2012. The documentation of 08/21/2014 revealed the injured worker's pain with medications was a 6/10; without medications it was a 9/10. There was documentation indicating there were no new problems or side effects. The quality of sleep was poor. No other side effects were reported. The injured worker's current medications included Seroquel 100 mg tablets 1 at bedtime; Lidoderm 5% patches 1 daily; Klonopin 0.5 mg 1 daily as needed; methadone 10 mg 1.5 tablets every morning, 1 tablet every afternoon, and 2 tablets at bedtime; and Lyrica 100 mg capsules 1 twice a day. The injured worker underwent an EKG, urine drug screens and an EMG/NCV. The physical examination of 08/21/2014 revealed the injured worker had a right shoulder joint surgical scar. Movements of the right shoulder were restricted with flexion limited to 45 degrees by pain and abduction to 35 degrees by pain. The examination of the right shoulder revealed the injured worker had positive Hawkins, Neer's, empty can, lift off, and shoulder crossover tests. The injured worker had tenderness to palpation in the acromioclavicular joint and coracoid process. The examination of the left shoulder revealed the injured worker had restricted flexion to 70 degrees, which was limited by pain, and abduction was limited to 80 degrees by pain. The injured worker had Hawkins test, shoulder crossover, empty can's, and lift off tests that were positive. The diagnoses was shoulder pain. There was a referral to a network psychiatrist for medication management to streamline psychotropic medications. The injured worker indicated the Klonopin was helpful for stabilizing his mood and anxiety. The injured worker was able to fall asleep more easily. The injured worker was noted to be trying to reduce his use of this medication. The injured worker was utilizing Seroquel for mood and sleep and was having withdrawal without it. The injured worker

was more anxious, depressed, and agitated without the medication. The injured worker was utilizing Lyrica to reduce neuropathic pain. When reduced to his current dose, his neuropathic pain increased. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Page(s): page 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of an objective decrease in pain and of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 100 mg #60 is not medically necessary.

Seroquel 100mg #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, Pain (Chronic): Quetiapine (Seroquel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/seroquel.html>

Decision rationale: Per Drugs.com, Seroquel is an antipsychotic medication used to treat bipolar disorder and major depressive disorder in adults. The clinical documentation submitted for review indicated without the medication, the injured worker became more anxious, depressed, and agitated. The duration of use was since at least 2012. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Seroquel 100 mg #30 is not medically necessary.

Klonopin 0.5mg #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, Pain (Chronic): Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): page 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The injured worker he had increased anxiety and reported 1 panic attack in the month. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Klonopin 0.5 mg #30 is not medically necessary.