

Case Number:	CM14-0170758		
Date Assigned:	10/23/2014	Date of Injury:	04/11/2003
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine, and is licensed to practice in New York. 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 44 year old man with a date of injury of 4/11/03. He was seen by his psychiatrist on 8/22/14 with a note dated 9/9/14 in follow up. He had pain from back and knee injuries. His diagnosis was major depressive disorder, single episode, severe. His antidepressant medications included Lexapro, Lorazepam, Lamotrigine and Seroquel. The medications were said to improve his mood and stabilize his mood. At issue in this review are the refills of the above medications. Length of prior prescription was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 200mg #30: Upheld

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 Guidelines 9792.20 - 9792.26 Page(s): 16-17.

Decision rationale: This 44 year old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Lamotrigine is an antiepilepsy drug that has been used in the treatment of neuropathic pain. In this injured worker, Lamotrigine has been prescribed for ongoing use and it is not clear if the prescription is for his depression or

chronic pain. The records do not document a discussion of efficacy or target symptoms specifically related to Lamotrigine or a discussion of side effect. The records do not substantiate the medical necessity of Lamotrigine.

Lorazepam 1mg #90: Upheld

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

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

Decision rationale: This 44 year old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, Lorazepam has been prescribed for ongoing use. The records do not document a discussion of efficacy or target symptoms specifically related to Lorazepam or a discussion of side effect. The records do not substantiate the medical necessity of Lorazepam; therefore, this request is not medically necessary.

Seroquel 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: quetiapine: up to date drug information

Decision rationale: This 44 year old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Seroquel or quetiapine is an atypical anti-psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. In this injured worker, Seroquel has been prescribed for ongoing use. The records do not document a discussion of efficacy or target symptoms specifically related to Seroquel or a discussion of side effects. The records do not substantiate the medical necessity of Seroquel; therefore, this request is not medically necessary.