

<b>Case Number:</b>	CM14-0172966		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 - year old male with date of injury s/18/2011. Date of the UR decision was 10/6/2014. He fell 25 feet off the roof of a house resulting in a subdural hematoma, thoracic spine and lumbar spine compressions fractures, Right clavicle fracture, rib fractures, Right foot fracture. He is status post 5/18/11 Right frontal temporal parietal hemicraniectomy and implantation of bone flap 5/18/11 and Right frontal temporal parietal cranioplasty and harvesting of bone flap 7/2011. Per report dated 9/19/2014, he has been diagnosed with Depressive Disorder NOS with anxiety and post-traumatic reaction; Cognitive Disorder NOS; Psychological Factors affecting Medical Condition. He was prescribed Buspar 10 mg twice daily #60, refills x3; Prosom 2 mg nightly #30, refills x3 and Alprazolam 0.5 mg twice daily as needed #45 refills x3 and Seroquel 25 mg at bedtime #30, refills x3 per that report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10mg #60 with 3 refills (1 BID) anxiety:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

**Decision rationale:** Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Buspar is indicated only for short term treatment for anxiety. The request Buspar 10mg #60 with 3 refills (1 BID) anxiety is not medically necessary.

**Alprazolam 0.5mg #45 with 3 refills (1 BID) anxiety:** 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 Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. The request for Alprazolam 0.5mg #45 with 3 refills (1 BID) for anxiety is excessive is not medically necessary.

**Seroquel 25mg #30 with 3 refills (1QHS) emotional control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Drug Info, Meds

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress>, < 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 Seroquel/Quetiapine 25 mg #30 with 3 refills is not medically necessary as it is being prescribed off label at a low dose for emotional control.

**Prosom 2mg #30 with 3 refills (1 QHS) sleep:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Drug Info, Meds

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** Prosom (Estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. Prosom is a benzodiazepine not recommended for long-term use as its long-term efficacy is unproven and there is a risk for dependence. The request for Prosom 2mg #30 with 3 refills (1 QHS) sleep is excessive is not medically necessary as the guidelines recommend limiting the use of benzodiazepine medications to 4 weeks because of risk of abuse, tolerance and dependence.

**Medication management sessions Q2 months x 1 year:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits, Stress related conditions

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. " Per report dated 9/19/2014, the injured worker has been diagnosed with Depressive Disorder NOS with anxiety and post-traumatic reaction; Cognitive Disorder NOS; Psychological Factors affecting Medical Condition. The request Medication management sessions Q2 months x 1 year i.e. 6 sessions/ year is excessive is not medically necessary.