

Case Number:	CM14-0173091		
Date Assigned:	10/23/2014	Date of Injury:	01/26/2007
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	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:

Injured worker is a 41 year old male with date of injury 1/26/2007. Date of the UR decision was 9/19/2014. He encountered industrial trauma in which he lost three first three fingers of his left hand from a point between the second or third joints. He was diagnosed with Complex Regional Pain Syndrome and PTSD. Report dated 9/24/2014 indicated that his mood was stable and that he continued to require Seroquel 100 mg at night, Gabapentin 100 mg four times daily and Ritalin 20 mg twice daily in order to maintain his improved mood and manage his anxiety. Report dated 9/10/2014 suggested that he was generally doing well but had continued sadness about the loss of his fingers but this is not a constant emotion. The above mentioned medications were refilled at this visit as well.th injured worker has been diagnosed with post-traumatic stress disorder per the submitted documentation. It has been suggested that he underwent individual counseling treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 20mg #60: 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 Other Medical Treatment Guideline or Medical Evidence: FDA.gov - Ritalin/Methylphenidate

Decision rationale: Per FDA, Ritalin/Methylphenidate is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker has not been diagnosed with ADHD or narcolepsy. The use of Ritalin seems to be "off label" in this case. The request for Ritalin 20mg #60 is not medically necessary. He has been prescribed Ritalin in a long term basis without a proper FDA approved indication. Thus the request is not medically necessary.

Gabapentin 100mg #120: 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 Antiepilepsy Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Gabapentin

Decision rationale: ODG guidelines state "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. "The submitted documentation suggests that gabapentin is being prescribed to help with PTSD and anxiety symptoms which is an off label use. The request for Gabapentin 100mg #120 is not medically necessary

Quetiapine 100mg #30: 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 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. Seroquel has FDA-approved indications for schizophrenia and bipolar disorder. The injured worker has been diagnosed with Post Traumatic Stress Disorder. The use of Quetiapine in this case is off label. The request for Quetiapine 100mg #30 is not medically necessary.

