

<b>Case Number:</b>	CM14-0039191		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 49 year old male with date of injury 1/20/2003. Date of the UR decision was 3/19/2014. He has been diagnosed with Major Depressive Disorder, single episode, severe with psychotic features; psychological factors affecting medical condition and pain disorder associated with both psychological factors and general medical condition. It is suggested that he has been on the same medication regimen for the last 3 years including Latuda 160 mg at bedtime for psychosis, Seroquel 1200 mg at bedtime for psychosis, Ativan 1 mg at bedtime for anxiety, Klonopin wafer 2 mg a day for anxiety, Wellbutrin XL 300 mg daily for depression and Risperidal 2 mg twice daily for psychosis. It is listed that he had at least 39 psychotherapy sessions so far.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Seroquel 400mg, #90 between 12/18/2013 and 4/27/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress >, <Atypical antipsychotics; Quetiapine (Seroquel).

**Decision rationale:** The injured worker is a 49 year old who has been diagnosed with Major Depressive Disorder, single episode, severe with psychotic features; psychological factors affecting medical condition and pain disorder associated with both psychological factors and general medical condition. It is suggested that he has been on the same medication regimen for the last 3 years including Latuda 160 mg at bedtime for psychosis, Seroquel 1200 mg t bedtime for psychosis, Ativan 1 mg at bedtime for anxiety, Klonopin wafer 2 mg a day for anxiety, Wellbutrin XL 300 mg daily for depression and Risperidal 2 mg twice daily for psychosis. It is listed that he had at least 39 psychotherapy sessions so far. Seroquel has FDA-approved indications for schizophrenia, bipolar disorder as adjunct treatment of major depressive disorder. ODG suggests that Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) 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 request for Seroquel 400mg, #90 between 12/18/2013 and 4/27/2014; i.e. 6 month prescription is medically necessary. The injured worker has Major Depressive Disorder, single episode, severe with psychotic features. Thus the seroquel has been helpful for mood as well as psychotic symptoms.

**1 prescription for Klonopin Wafer 2mg #30 between 12/18/2013 and 4/27/2014: 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 receiving Klonopin wafer 2 mg on an ongoing basis for 3 years with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin Wafer 2mg #30 between 12/18/2013 and 4/27/2014 is not medically necessary.

**1 prescription for Risperal 2mg, #60 between 12/18/2013 and 4/27/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress >, <Atypical antipsychotics.

**Decision rationale:** Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) 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 request for Risperidal 2 mg, #60 between 12/18/2013 and 4/27/2014; i.e. 6 month prescription is not medically necessary. The injured worker has been continued on several psychotropic medications for the last 3 years. It is not advisable to be taking 3 Atypical Antipsychotic medication, which in this case are Latuda 160 mg at bedtime for psychosis, Seroquel 1200 mg at bedtime for psychosis and Risperidal 2 mg twice daily for psychosis.