

<b>Case Number:</b>	CM14-0040782		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 patient is a 52 year old male with date of injury 3/12/2003. The date of UR decision was 3/24/2014. Mechanism of injury is unknown, however it is suggested that he had an industrial injury resulting in Chronic Pain. Prior treatments have included Pain Pump, three prior back surgeries, spinal cord stimulator placement, Narcotic pain medications, lumbar fusion etc. Psychiatrist Report dated 04/01/2014 suggests that injured worker's case is dangerous, risky and potentially lethal and that he is referring the case back to the primary provider based on non approval of the treatment recommended by him. It is suggested in the Progress Report dated 2/28/2014 that the injured worker has been sleeping 12-14 hours a day, he has problems concentrating, problems with short term memory and is getting confused. It appears that the injured worker has been receiving psychotherapy for Chronic Pain, however there is no information regarding the number of sessions completed so far or any evidence of objective functional improvement. The injured worker has been given Psychiatric diagnosis of Major Depressive Disorder with Psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy visits 1x/week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines <http://www.odg-twc.com/odgtwc/stress.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental illness chapter, Cognitive therapy for depression.

**Decision rationale:** Progress Report dated 2/28/2014 suggests that the injured worker has been receiving psychotherapy for Chronic Pain; however, there is no information regarding the number of sessions completed so far or any evidence of objective functional improvement. California MTUS states that behavioral interventions are recommended. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. ODG Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The request for Psychotherapy visits 1x week for an unlisted number of sessions, is not medically necessary at this time since there is no information regarding the numbers of sessions received so far or response from prior treatment.

**Seroquel 25mg #120 (refill x2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth>.

**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 Chapter, Quetiapine (Seroquel).

**Decision rationale:** The injured worker has complaints of somnolence, difficulty with short term memory and problems concentrating which might be related to medication side effects. Letter from Psychiatrist dated 4/1/2014 indicates that he has been sleeping excessively i.e. 12-14 hrs a day but is unable to go to sleep without the Trazodone. The injured worker has been diagnosed with Major Depressive Disorder with Psychotic features for which seroquel can be used as an adjunct. However, Seroquel is known to have strong sedative effects and it appears that the injured worker has complaints of hypersomnolence. ODG guidelines state Quetiapine (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. Seroquel is an Atypical Antipsychotic medication/second generation antipsychotic approved for the treatment of schizophrenia, bipolar disorder and as adjunct treatment of major depressive disorder. The request for Seroquel 25 mg #120 with 2 refills is not medically necessary at this time.

**Provigil 20mg #90 (refills x2): 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 FDA Package insert- Provigil.

**Decision rationale:** MTUS is silent regarding the use of Provigil. Per FDA guidelines, Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). The injured worker is not diagnosed with the above mentioned diagnosis (OSA or SWD) for which Provigil is currently FDA approved for. It appears that it is being used as off label for daytime fatigue and drowsiness. Provigil has risk for abuse and dependence. The request for Provigil 20 mg # 90 with two refills is not medically necessary since the injured worker does not have any diagnosis which would warrant use of Provigil as described above. Also long term use can result in issues with abuse, dependence and tolerance. Thus a month's supply with 2 refills is not medically necessary.

**Xanax 1mg #90:** 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 Page(s): 24.

**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 Xanax for a long time with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for 90 tablets of Xanax 1 mg is not medically necessary.

**Adderall 15mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/adderall-drug.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Package Insert: ADDERALL® (amphetamine, dextroamphetamine mixed salts).

**Decision rationale:** Per FDA, ADDERALL (amphetamine, dextroamphetamine mixed salts) 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 adderall in this case seems to be off label to counteract the sedative side effects of other medications being

prescribed. The request for Adderall 15 mg #90 is not medically necessary at this time since the injured worker does not have the diagnosis for which it is FDA approved at this time, especially since the medication has a high risk of abuse, dependence and tolerance with continued use.