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| <b>Case Number:</b>   | CM14-0059951 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 03/03/2011 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 04/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/30/2014 |

### 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 Physical Medicine and Rehabilitation 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 52-year-old male who reported an injury on 03/03/2011. The mechanism of injury involved a fall. Current diagnoses include brachial neuritis or radiculitis, arthropathy of the lower leg, cervicalgia, and thoracic or lumbosacral neuritis or radiculitis. The injured worker was evaluated on 06/13/2014 with complaints of persistent neck and lower back pain. Previous conservative treatment includes physical therapy, medication management, and shoulder injections. The injured worker also reported insomnia, depressive symptoms, fatigue, and irritability. The current medication regimen includes cyclobenzaprine, Methoderm gel, Nexium, naproxen, quazepam, tramadol ER, Lorazepam, Seroquel, Lexapro, and temazepam. Physical examination on that date revealed a depressed affect, an antalgic gait, restricted cervical range of motion, paravertebral muscle spasm and tenderness in the lumbar spine, positive straight leg raising, tenderness over the Achilles tendon on the right, painful range of motion of the right ankle, tenderness over the Achilles tendon on the left, painful range of motion of the left ankle, diminished strength in the lower extremities, and decreased sensation over the right upper and lower extremity. Treatment recommendations at that time included a neurology consultation, a follow-up visit with a pain psychologist, and continuation of the current medication regimen. There was no DWC Form RFA submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Quetiapine (Seroquel).

**Decision rationale:** The Official Disability Guidelines state Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. There is no documentation of a failure of first line treatment prior to the initiation of an atypical antipsychotic. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Quazepam 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker is also utilizing Lorazepam 0.5 mg and Temazepam 7.5 mg. The medical necessity for 3 separate benzodiazepines has not been established. California MTUS Guidelines do not recommend long term use of benzodiazepines. There is no frequency listed in the request. As such, the request is not medically necessary.