

Case Number:	CM14-0086141		
Date Assigned:	07/23/2014	Date of Injury:	01/20/2003
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 50-year-old male who reported a continuous trauma injury from April 2000 to 1/20/03. In the psychiatric evaluation of 4/24/14, his diagnoses included major depressive disorder, single episode, severe with psychotic features, psychological factors affecting another medical condition; depression; anxiety; aggravating headaches; gastrointestinal distress; cardiovascular symptoms; bruxism; chronic fatigue; somatic symptom disorder with moderate predominate persistent pain; obsessive compulsive disorder; and mixed personality traits. On 3/28/14, it was noted that he had insomnia. On 3/12/14, his medications included Latuda 80 mg for psychosis, Seroquel 400 mg for psychosis, Ativan 1 mg for anxiety, Klonopin wafer 2 mg for anxiety, Wellbutrin XL for depression, and Risperdal 2 mg for psychosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 400mg #90 between 12/18/13 and 04/27/2014: Upheld

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 Illness & Stress, Atypical antipsychotics, Quetiapine (Seroquel).

Decision rationale: The Official Disability Guidelines do not recommend atypical antipsychotics as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics, including Seroquel, for conditions other than schizophrenia or other psychoses. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. Seroquel was among those antipsychotics most commonly prescribed for off-label use in patients over 40. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Seroquel as a first line for sleep, and there is no good evidence to support this. The clinical information submitted fails to meet the evidence based guidelines for Seroquel. Additionally, there was no frequency of administration included in the request. Therefore, this request is not medically necessary.

Klonopin Wafer 2mg #30 between 12/18/2013 and 04/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The California MTUS guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anti-convulsant and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effect develops rapidly. Tolerance to anxiolytic effective occurs within months and long term use may actually increase anxiety. The more appropriate treatment for anxiety disorder is an antidepressant. Based on the submitted documentation, it is unclear how long this worker has been taking Klonopin, but the documentation shows he has been taking it for at least 5 months, which exceeds the recommended limit of 4 weeks. Furthermore, this worker does have a diagnosis of anxiety, which, per the guidelines, could be exacerbated with the use of Klonopin. Additionally, there was no frequency of administration included in the request. Therefore, this request is not medically necessary.

Risperdal 2mg #60 between 12/18/2013 and 4/27/2014: Upheld

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 Illness & Stress, Atypical antipsychotics, Risperidone (Risperdal).

Decision rationale: The Official Disability Guidelines do not recommend atypical antipsychotics as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics including Risperdal, for conditions other than schizophrenia or other psychoses.

Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. The clinical information submitted fails to meet the evidence based guidelines for Risperdal. Additionally, there was no frequency of administration included in the request. Therefore, this request is not medically necessary.