

Case Number:	CM14-0094282		
Date Assigned:	07/25/2014	Date of Injury:	04/11/2003
Decision Date:	09/29/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/20/2014

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 Child Adolescent & 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 44 year old male who was injured at work on 4/11/2003. He sustained a soft tissue injury to his lower back while lifting a heavy object during his routine work duties. He subsequently developed chronic low back pain, which has radiated down both legs, as well as pain in his right shoulder and both knees. He was treated with limitation of his physical activities, physical therapy, as well as analgesic and muscle relaxant medications. He has undergone injections into his left knee. He also underwent one right knee surgery and two left knee surgeries. Later, he became very depressed, experiencing periodic panic attacks also. He was diagnosed with Major Depression and Anxiety. For his mental health symptoms he has received individual psychotherapy, as well as psychotropic medications. He is currently prescribed the medications Lexapro 10mg once daily, Lamotrigine 200mg once daily, Seroquel 50mg at bedtime, and Lorazepam 1mg once daily. The treating physician has requested a 3 month supply with 90 tablets, plus 2 refills, because he will be away on vacation from mid-July to mid-August 2014. The request was denied as excessive, because the total prescription of 90 pills plus 2 refills is equivalent to the provision of 9 months of medication without an interval clinical reassessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg, #90 w/2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress, Depression.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines SSRIs Page(s): 107 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Escitalopram.

Decision rationale: MTUS guidelines indicate that antidepressant medications in the SSRI (selective serotonin reuptake inhibitor) class can be effective in the short term treatment of individuals with Major Depression. The role in pain relief is unsupported by compelling evidence. ODG recommend the use of Escitalopram (Lexapro) as a first-line treatment of Major Depression. The injured worker is diagnosed with Major Depression, and has been taking Lexapro for several years. His symptoms have become stabilized on the current medication regimen. The continued use of Lexapro is therefore appropriate. However, the request for 90 pills with 2 refills is excessive, as it represents a total of a 9 month supply of medication (3 months = 90 pills, plus 2 additional refills of 3 months each, equaling 9 months altogether). The provider's statement of his being away for one month over the summer does not justify such an extended interval of 9 months between appointments. The injured worker is taking a complex combination of medications (Lexapro, Lorazepam, Seroquel and Lamotrigine) which requires closer monitoring than once in 9 months, so the request is not medically necessary.

Lamotrigine 200mg, #90 w/2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications, Lamotrigine Page(s): 20.

Decision rationale: MTUS guidelines indicate that the use of benzodiazepine medications is not recommended for long-term use because the efficacy is unproven, and because there is a risk of developing tolerance, dependence and adverse side effects. The medication Lorazepam (Ativan) is a medication in the benzodiazepine class. The injured worker has been prescribed Lorazepam for several years, which would represent long-term use. The continued use would not be appropriate, therefore. However, it is not safe to suddenly discontinue benzodiazepines, so that a gradual weaning of the medications is recommended. In addition, the request for 90 pills with 2 refills is excessive, as it represents a total of a 9 month supply of medication (3 months = 90 pills, plus 2 additional refills of 3 months each, equaling 9 months altogether). The provider's statement of his being away for one month over the summer does not justify such an extended interval of 9 months between appointments. The injured worker is taking a complex combination of medications (Lexapro, Lorazepam, Seroquel and Lamotrigine) which requires closer monitoring than once in 9 months, so the request is not medically necessary.

Quetiapine 50mg, #90 w/2 Refills: 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: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS guidelines indicate that continuing an established course of antipsychotics is important, but that the medications can sometimes decrease motivation and effectiveness at work. Quetiapine (Seroquel) is in the class of antipsychotic medications. ODG indicate that Quetiapine is not recommended as a first-line treatment, and that there is "insufficient evidence to recommend its use in conditions covered in ODG". The injured worker has been prescribed Quetiapine for several years as an augmentation to the antidepressant medication Escitalopram. Its use has stronger evidential support in the treatment of Bipolar Depression, than in the treatment of Major Depression. The injured worker is diagnosed with Major Depression and not with Bipolar Depression. In addition, the request for 90 pills with 2 refills is excessive, as it represents a total of a 9 month supply of medication (3 months = 90 pills, plus 2 additional refills of 3 months each, equaling 9 months altogether). The provider's statement of his being away for one month over the summer does not justify such an extended interval of 9 months between appointments. The injured worker is taking a complex combination of medications (Lexapro, Lorazepam, Seroquel and Lamotrigine) which requires closer monitoring than once in 9 months, so that the request is not medically necessary.

Lorazepam 1mg, #90 w/2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Insomnia Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress.

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

Decision rationale: MTUS guidelines indicate that the use of benzodiazepine medications is not recommended for long-term use because the efficacy is unproven, and because there is a risk of developing tolerance, dependence and adverse side effects. The medication Lorazepam (Ativan) is a medication in the benzodiazepine class. The injured worker has been prescribed Lorazepam for several years, which would represent long-term use. The continued use would not be appropriate, therefore. However, it is not safe to suddenly discontinue benzodiazepines, so that a gradual weaning of the medications is recommended. In addition, the request for 90 pills with 2 refills is excessive, as it represents a total of a 9 month supply of medication (3 months = 90 pills, plus 2 additional refills of 3 months each, equaling 9 months altogether). The provider's statement of his being away for one month over the summer does not justify such an extended interval of 9 months between appointments. The injured worker is taking a complex combination

of medications (Lexapro, Lorazepam, Seroquel and Lamotrigine) which requires closer monitoring than once in 9 months, so the request is not medically necessary.