

Case Number:	CM14-0199707		
Date Assigned:	12/10/2014	Date of Injury:	03/16/2000
Decision Date:	01/30/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Psychiatrist (MD), 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:

Injured worker is a 47-year old male with date of injury 3/16/2000. Date of the UR decision was 11/15/2014. He encountered burn injury to his left arm, right hand and forehead when he slipped and fell on a roof being tarred. Per report dated 11/5/2014, the injured worker was being treated for Post-Traumatic Stress Disorder and Major Depressive Disorder with psychotic features. He was being prescribed Quetiapine 75 mg at bedtime for anxiety and sleep; Quetiapine 100 mg at bedtime; Modafinil 100 mg for alertness during daytime per the progress report. Per report dated 10/29/2014, the injured worker presented with leg pain, back pain, neck pain and arm pain. It was documented that Prilosec was being prescribed for dyspepsia related to side effects of the other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 OF 127.

Decision rationale: Per MTUS guidelines; section on NSAIDs, GI symptoms & cardiovascular risk states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Per report dated 10/29/2014, the injured worker presented with leg pain, back pain, neck pain and arm pain. It has been documented that Prilosec is being prescribed for dyspepsia related to side effects of the other medications. There is no indication that suggests that the injured worker is at intermediate risk for gastrointestinal events. The request for Omeprazole 20mg #30 is not medically necessary.

Quetiapine 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. 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 four atypical antipsychotics were Aripiprazole (Abilify), olanzapine (Zyprexa), Quetiapine (Seroquel), and Risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. The request for Quetiapine 25mg #90 is excessive and medically necessary as in this case Quetiapine is being used at bedtime for anxiety and sleep which is an off label use for this medication and Quetiapine 25mg #90 is not medically necessary.

Amitriptyline 25mg #180: Overturned

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 and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14 OF 127.

Decision rationale: MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclic are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants)

as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The request for Amitriptyline 25mg #180 is medically necessary for treatment of chronic pain accompanied by insomnia, anxiety and depression.