

<b>Case Number:</b>	CM14-0200402		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 32 year old male who suffered a work related injury on 05/01/10. Per the physician notes on 11/03/14, he complains of pain, anxiety, poor executive functioning, and major depression problems. The treatment plan includes lamictal, abilify, Seroquel, klonopin, and Topamax. On 11/13/14, the Claims Administrator non-certified the lamictal, ability, Seroquel, klonopin, Topamax, headache clinic referral, and continuation of uninterrupted life skills. The Claims Administrator cited MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of Uninterrupted Life Skills (Spanish Speaking) 10 hrs/wk (duration unspecified) QTY: 1.00: 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 Psychological treatment Page(s): 23 and 100-102.

**Decision rationale:** MTUS is silent regarding the issue of Life Skills. The request for Continuation of Uninterrupted Life Skills (Spanish Speaking) 10 hrs/wk (duration unspecified) QTY: 1.00 is excessive and not medically necessary because of the lack of justification regarding need for Life skills in this case. Also, the use of Life Skills as a treatment approach is not even recognized in the MTUS.

**Referral to [REDACTED] Clinic for an Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89-127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 89.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." The request for Referral to [REDACTED] Clinic for an Evaluation is not medically necessary at this time as the documentation does not indicate any significant change for which a specialty referral would be clinically indicated at this time.

**Lamictal 225mg (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Lamictal

**Decision rationale:** The injured worker has been diagnosed with Major Depressive Disorder with psychosis, Post Concussive Syndrome and rule out Post Traumatic Stress Disorder. FDA.gov states that Lamictal is indicated as Monotherapy and Adjunctive Therapy for Epilepsy and for treatment of Bipolar disorder. The request for Lamictal 225mg (quantity unspecified) is not clinically indicated as the injured worker does not suffer from conditions for which Lamictal is FDA approved for and also as the quantity is unspecified.

**Abilify 10mg (quantity unspecified):** 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 Chapter- Stress & Mental Topic- Abilify, Atypical Antipsychotics

**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 Abilify 10mg (quantity unspecified) is not medically necessary based on the lack of information regarding the quantity to be prescribed for the injured worker. Also, there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.

**Topamax 100mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA. gov- Package Insert Topiramate

**Decision rationale:** Per FDA.gov, Topamax is indicated as Monotherapy and Adjunctive Therapy in Epilepsy and for prophylaxis of Migraine headaches. The request for Topamax 100mg (quantity unspecified) is not medically necessary and the injured worker is not diagnosed with any condition that this medication is FDA approved for. Also, the quantity of the medication requested is unspecified.

**Seroquel 400mg (quantity unspecified): 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 Chapter- Stress & Mental Topic- Quetiapine (Seroquel), Atypical Antipsychotics

**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 Seroquel 400mg (quantity unspecified) is not medically necessary based on the lack of information regarding the quantity to be prescribed for the injured worker. Also, there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.

**Klonopin 0.25mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24 and 124.

**Decision rationale:** Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 0.25 mg, unspecified quantity is not medically necessary as the request does not specify the quantity requested. Also, the submitted documentation does not specify the duration of time the treatment with Klonopin is intended for by the treating provider. Benzodiazepines are recommended for short term use per the guidelines.