

Case Number:	CM14-0202568		
Date Assigned:	12/15/2014	Date of Injury:	10/06/2012
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 44 year old male with date of injury 10/06/2012. Date of the UR decision was 11/05/2014. The injured worker suffered from traumatic brain injury status post industrial injury and had post traumatic neuropsychological sequelae, post traumatic headaches, cervical pain, numbness and tingling in left hand consistent with left carpal tunnel syndrome and post traumatic vision syndrome. Per report dated 8/29/2014, the injured worker has been diagnosed with Psychotic disorder due to general medical condition with delusions, Personality change due to general medical condition, Traumatic Brain Injury and Cognitive disorder not otherwise specified. It was stated that his condition had not significantly improved since the last visit and was continuing to feel anxious, screams and uses profanities for which he felt guilty. His Depakote level per that report was 55. He was continued on Depakote 500 mg twice daily, Diazepam 10 mg three times daily, and Seroquel 25 mg three times daily. Seroquel dose was increased at that visit for irritability and the dose of Diazepam was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #90, 3 Refills: Upheld

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

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

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Diazepam 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. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for a 4 month supply of Diazepam i.e. Diazepam 10mg #90, 3 Refills is excessive and not medically necessary.

Seroquel 25mg #90, 3 refills: Upheld

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

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 Seroquel 25 mg #90 with 3 refills is not medically necessary as the use is off label in this case.

Depakote 500mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mental Illness & Stress Procedure

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

Decision rationale: Per FDA "Depakote (divalproex sodium) is a valproate and is indicated for the treatment of the manic episodes associated with bipolar disorder; as monotherapy and adjunctive therapy in the treatment of patients with complex partial seizures that occur either in

isolation or in association with other types of seizures. It is also indicated for prophylaxis of migraine headaches."The injured worker has been diagnosed with Psychotic disorder due to general medical condition with delusions, Personality change due to general medical condition, Traumatic Brain Injury and Cognitive disorder not otherwise specified. The use of Depakote is off label in this case. Thus, the request for Depakote 500mg #60, 3 refills.

Medication management x 4 Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Office Visits

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, Office Visits Stress Related Conditions.

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Per report dated 8/29/2014, the injured worker has been diagnosed with Psychotic disorder due to general medical condition with delusions, Personality change due to general medical condition, Traumatic Brain Injury and Cognitive disorder not otherwise specified. He is being prescribed Depakote 500 mg twice daily, Diazepam 10 mg three times daily, and Seroquel 25 mg three times daily. The use of Depakote and Seroquel seem to be off label in this case and medications such as Diazepam are not indicated for long term use. The request for four additional office visits is not clinically indicated. Thus, the request for Medication management x 4 Visits is excessive and not medically necessary.