

Case Number:	CM14-0204239		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2006
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine, 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 49 year old male with date of injury of October 27, 2006. Results of the injury include lower back and left lower extremity. Diagnosis includes low back syndrome, degenerative disc disease, lumbar, spondylosis, lumbosacral, limb pain, and depression. Treatment has included TENS, acupuncture brace support, psychological therapy, ice, heat, physical therapy with little relief, surgery, functional restoration program, and daily exercise. Medications tried Opioids, anti-inflammatories, benzodiazepines, muscle relaxants, constipation, topical creams, sleep aids, antidepressants, and migraine medication. 10/05/12 psychiatric AME report referenced an earlier report in which same examiner had recommended trial of mood stabilizers such as Abilify or Seroquel in order to lessen anxiety and improve mental state. Psychotropic medications prescribed in 2012 included Wellbutrin XL, Seroquel, Lexapro, and Ativan. IW reported feeling more tranquil and calm on the current medications. IW reported that he takes Ativan for anxiety and that relaxation therapy did not really help him. Future treatment recommendations included continued provision of anti-anxiety, antidepressant, and mood stabilizing medications, as currently provided, to assist with mood and functioning. 05/23/14 psychiatric office note stated that sleep was improved with current medications and improved compliance measures including pill boxes. 08/18/14 psychiatric office note documented complaints of increased sleep disturbance following temporary disruption of Neurontin refill, with improvement following reinstatement of this medication. 10/30/14 psychiatric office note stated that IW's medication compliance was much improved compared to years past, as demonstrated by flow sheets completed by IW. He reported continued pain, problems with mood, appetite, and sleep, and crying spells several times daily. Sleep, mood, and anxiety were noted to be acutely worse over the past few months due to financial stressors. Insight and judgment were good and IW was not psychotic or manic. Treatment plan included 4

additional sessions for medication management and psychotherapy over the next 6 months; prescriptions for Wellbutrin XL, Ativan, Lexapro, and Seroquel with 5 refills each; and continued sessions with psychologist. Ativan Rx indicates that this was prescribed prn for sleep. Progress report dated November 26, 2014 showed tenderness to the lumbar spine with decreased range of motion. There was generalized lower extremity weakness bilaterally. There was tenderness to palpation to lateral epicondyle and olecranon. There was positive Tinel in the right and pain with range of motion. There was mild tenders and muscle spasm to the lumbar spine. Cervical spine showed tenderness along the entire cervical spine with moderate spasm. Treatment plan was to refill OxyContin, Prilosec, Tylenol, Flector patch, and glycolax powder. Utilization review form dated November 6, 2014 modified Wellbutrin XI 300mg, #30 with 5 refills, Ativan 1mg, #30 with 5 refills, Lexapro 10mg, #90 with 5 refills and noncertified Seroquel 100mg, #90 with 5 refills due to noncompliance with MTUS and Official Disability Guidelines. 12/05/14 letter per IW's attorney stated that AME evaluation on 10/05/12 diagnosed IW with industrial psychological injury and recommended psychotropic medication and psychological counseling. Utilization review also cited the 12/05/14 AME report, noting that future treatment recommendations included psychiatric office visits and medications including anti-anxiety, antidepressant, and mood stabilizing medications. Physician reviewer opined that because IW was receiving ongoing psychiatric office visits that continued medication should be based upon documented ongoing response, and that 2 rather than 5 refills of the medications approved were necessary. Physician reviewer cited lack of support by MTUS for chronic benzodiazepine use for denial of Ativan and lack of documented delusions or hallucinations in denial for Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XI 300mg, #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

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 Chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG recommendations concerning antidepressants for major depressive disorder state: "In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include Desipramine, Nortriptyline, Bupropion, and Venlafaxine". IW has been receiving Wellbutrin XL (extended release bupropion) for at least 3 years with documented positive response. Continuation of this medication is reasonable and medically necessary. There is no indication per the treating psychiatrist's office notes that there are any plans to change this medication in the near future. Medical necessity is established for the requested Wellbutrin XL with 5 refills.

Ativan 1mg, #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Benzodiazepine.

Decision rationale: MTUS and ODG do not recommend chronic use of benzodiazepines for any condition, noting rapid development of tolerance to anxiolytic and hypnotic effects, potential for physical dependence or addiction, and that long-term efficacy is unproven. However, documentation per the treating psychiatrist and psychiatric AME examiner indicates ongoing problems with sleep and anxiety which have been refractory to non-pharmacological treatments and antidepressant medications. Positive response to the current medication is documented. IW is currently receiving regular evaluations per his psychiatrist and medication compliance is being closely monitored. Although inconsistent with the guidelines, based upon the submitted documentation continuation of Ativan appears to be reasonable and medically necessary in this case due to ongoing symptoms and insufficient response to first-line treatments. There is no indication per the treating psychiatrist's office notes that there are any plans to change this medication in the near future. Medical necessity is established for the requested Ativan with 5 refills.

Lexapro 10mg, #90 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forest Pharmaceuticals (2004), Lexapro

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 Chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG recommends SSRI antidepressant such as Lexapro as first-line treatment for major depressive disorder. IW has been receiving Lexapro for at least 3 years with documented positive response. Continuation of this medication is reasonable and medically necessary. There is no indication per the treating psychiatrist's office notes that there are any plans to change this medication in the near future. Medical necessity is established for the requested Lexapro with 5 refills.

Seroquel 100mg, #90 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Quetiapline (Seroquel)

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 Chapter, Atypical antipsychotics.

Decision rationale: Seroquel (quetiapine) is an atypical antipsychotic. Atypical antipsychotics are not recommended as first-line treatment for any condition covered by ODG. However, ODG states: "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications." There is some evidence that patients with refractory depression may benefit from addition of an atypical antipsychotic, even in the absence of psychotic features. ODG recommends caution due to risks associated with atypical antipsychotics. Per the submitted documentation IW has been receiving Seroquel since 2012 for depression refractory to first-line treatments, with some positive response. He is being monitored by his psychiatrist on a regular basis and no adverse medication effects are documented. There is no indication per the treating psychiatrist's office notes that there are any plans to change this medication in the near future. Medical necessity is established for the requested Seroquel with 5 refills.