

Case Number:	CM15-0008653		
Date Assigned:	01/26/2015	Date of Injury:	06/30/1998
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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 58 year old female, who sustained an industrial injury on 6/30/1998 when she injured her low back as a result of moving shelves and merchandise while her store was being remodeled. She also filed a continuous trauma claim for her back and neck due to stress on the job. She underwent lumbar surgery in 2000. The diagnoses have included depressive disorder, not otherwise specified. Treatment to date has included medication management and medication counseling. Currently, the IW complains of persistent symptoms of depression, anxiety and stress-related medical complaints arising from her industrial stress injury. Objective findings included visible anxiety and depressed facial expression. On 12/15/2014, Utilization Review non-certified a request for Provigil 100mg #30, Lexapro 10mg #60 and Seroquel 100mg #30, noting that the medications requested are not indicated for this worker's conditions/symptoms. The ODG was cited. On 1/15/2015, the injured worker submitted an application for IMR for review of Provigil 100mg #30, Lexapro 10mg #60 and Seroquel 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg #30 x 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

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

Decision rationale: MTUS is silent regarding the use of Provigil. Per FDA guidelines Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). The Injured Worker has been diagnosed with depressive disorder, not otherwise specified and does not carry the above mentioned diagnosis (OSA or SWD) for which Provigil is currently FDA approved for. It appears that Provigil is being used as Off label for daytime fatigue and drowsiness. Nuvigil has risk for abuse and dependence. The request for Provigil 100mg #30 x 2 refills is excessive and not medically based on the reasons discussed above.

Lexapro 10mg #60 x 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress; Antidepressants

Decision rationale: ODG guidelines state that Antidepressants can be used for treatment of moderate to severe presentation of Major Depressive Disorder and Post Traumatic Stress Disorder. In this case, the injured worker has been diagnosed with Depressive disorder not otherwise specified for which the use of Antidepressant is not recommended per guidelines. The request for Lexapro 10mg #60 x 2 refills is not medically necessary.

Seroquel 100mg x 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, 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 Injured Worker has been diagnosed with depressive disorder, not otherwise specified. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The request for Seroquel 100mg x 2 refills is excessive and not medically necessary.