

Case Number:	CM15-0017504		
Date Assigned:	02/05/2015	Date of Injury:	06/22/2007
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male with an industrial injury dated 06/22/2007 which occurred while lifting a full case of one-gallon paint cans. His diagnoses include cervical radiculitis syndrome, thoracic spine syndrome, lumbosacral sciatica syndrome, right and left knee strain/sprain, status post gun-shot to the right hand, and depressive disorder with a psychological factors affecting medical condition. Recent diagnostic testing was not provided or discussed. He has been treated with psychological evaluations and therapy, and medications. In a progress note dated 12/18/2014, the treating physician reports depression, sleep disturbance, lack of energy, decreased energy, agitation, difficulty thinking, restlessness, tension, feeling on edge, pressure, and palpitations. The objective examination revealed depressed facial expressions, visible anxiety, and soft spoken. The treating physician is requesting medications for depression/anxiety which were denied or modified by the utilization review. On 01/05/2015, Utilization Review non-certified a prescription for Seroquel 100mg XR with 1 refill, noting the absence of functional improvement in activities of daily living as a result of this medication, absence of adequate documented evidence of specific depression or other psychological symptom reduction and function benefits, and medical necessity for continued use. The MTUS and ODG Guidelines were cited. On 01/05/2015, Utilization Review non-certified a prescription for alprazolam 0.5mg #120 with 1 refill, noting the previous denial of this medication and the IMR up holding of this denial, as well as the lack of support for long term use in the guidelines. The MTUS Guidelines were cited. On 01/05/2015, Utilization Review modified a prescription for Lexapro 10mg #60 with 1 refill to the approval of Lexapro 10mg #60 with no refills. The MTUS

Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of Seroquel 100mgXR with 1 refill, alprazolam 0.5mg #120 with 1 refill and Lexapro 10mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 100mg XR (x1 Refill): 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 Official disability guidelines Mental Illness and Stress chapter and Atypical Antipsychotics.

Decision rationale: The patient presents with neck pain and psychological issues such as bipolar disorder, depression and anxiety. The request is for SEROQUEL 100MG XR WITH 1 REFILL. The patient has been on Percocet, Oxycontin, Tramadol, Seroquel, Lexapro, Xanax and Lidoderm patches. ODG guidelines, under the Mental Illness and Stress chapter and Atypical Antipsychotics section indicates the following: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics e.g., quetiapine, risperidone for conditions covered in ODG." The ODG guidelines goes on and states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. Jin, 2013." In this case, the patient has been utilizing this medication since at least 07/14/14 for depression. None of the reports discuss this medication's efficacy. ODG guidelines support short-term use of this medication for people over 40. This patient is 44-year old. In addition, there is no documentation of what other first-line treatments the patient has had prior to Seroquel. The requested Seroquel IS NOT medically necessary.

Alprazolam 0.5mg #120 (x1 Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24.

Decision rationale: The patient presents with neck pain and psychological issues such as bipolar disorder, depression and anxiety. The request is for ALPRAZOLAM 0.5MG #120 WITH 1 REFILL. The patient has been on Percocet, Oxycontin, Tramadol, Seroquel, Lexapro, Xanax and Lidoderm patches. For benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency." In this case, the patient has been utilizing Alprazolam, Xanax, since at least 07/14/14. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." The requested Alprazolam IS NOT medically necessary.

Lexapro 10mg #60 (x1 Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter and Escitalopram.

Decision rationale: The patient presents with neck pain and psychological issues such as bipolar disorder, depression and anxiety. The request is for LEXAPRO 10MG #60 WITH 1 REFILL. The patient has been on Percocet, Oxycontin, Tramadol, Seroquel, Lexapro, Xanax and Lidoderm patches. Lexapro "escitalopram is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors." SSRIs. MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the patient has been utilizing Lexapro since at least 07/14/14. The patient does have a diagnosis of major depressive disorder and may be eligible for treatment using serotonin reuptake inhibitors such as Lexapro. However, the treater does not discuss the efficacy of the medication. For on-going use of the medication, efficacy must be provided, as per MTUS page 60. The request IS NOT medically necessary.