

<b>Case Number:</b>	CM15-0130326		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 40 year old male, who sustained an industrial injury on June 13, 2013. He reported pain in his right shoulder, neck and chest wall. The injured worker was diagnosed as having pain in joint shoulder, neck pain, recurrent episode unspecified major depression, pain in joint upper arm, anxiety state not otherwise specified, pain in joint forearm and pain psychogenic NEC. Treatment to date has included diagnostic studies, right shoulder arthroscopy, medications, psychology consultation, physical therapy, psychotherapy and physical therapy. Notes stated that the surgery improved his pain by 50%. The surgery had no effect on the pain in the back of his shoulder, neck or on the medial elbow. He had no significant improvement with physical therapy. On June 4, 2015, the injured worker complained of significant pain in the right elbow that increased with any activities requiring extension of the wrist. His medication was noted to help with the pain. He reported a 100% decrease in his pain with the use of Norco two to three times a day. He takes Seroquel for insomnia, which is helping him with sleep. The treatment plan included additional psychotherapy, consultation for his elbow, medications and a follow-up visit. On June 18, 2015, Utilization Review non-certified the request for Cymbalta 60 mg #30 with three refills, Seroquel XR 200 mg #30 with three refills, Mirtazapine 45 mg #45 with three refills, Buspirone 15 mg #60 with three refills and Propranolol 20 mg #60 three times a day and as needed #60 with three refills. The request has been modified to Cymbalta 60 mg #30 with no refills, Seroquel XR 200 mg #30 with no refills, Mirtazapine 45 mg #45 with no refills, Buspirone 15 mg #60 with no refills and Propranolol 20 mg #60 three times a day and as needed #60 with no refills, citing California MTUS Guidelines and Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg, thirty count with three refills:** Upheld

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

**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 Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker has been diagnosed with unspecified Major Depression, recurrent, anxiety disorder not otherwise specified, psychogenic pain disorder. Cymbalta is indicated for treatment of major depressive disorder, however there is no documentation regarding objective functional improvement with continued use of this medication and thus another four-month supply is not medically necessary at this time.

**Seroquel XR 200 mg, thirty count with three refills:** Upheld

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

**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/Atypical Antipsychotics, Quetiapine (Seroquel).

**Decision rationale:** ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., 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 XR 200 mg, thirty count with three refills is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The injured worker has been

diagnosed with unspecified Major Depression, recurrent, anxiety disorder not otherwise specified, psychogenic pain disorder. The injured worker is being prescribed two anti depressants as well as two anxiety medications. There is no clinical need for use of Seroquel in this case especially since atypical antipsychotics can cause serious metabolic side effects. Therefore the request is not medically necessary.

**Mirtazapine 45 mg, 45 count with three refills:** Upheld

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

**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 Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects". The injured worker has been diagnosed with unspecified Major Depression, recurrent, anxiety disorder not otherwise specified, psychogenic pain disorder. Mirtazapine is indicated for treatment of major depressive disorder, however there is no documentation regarding objective functional improvement with continued use of this medication and thus another four month supply is not medically necessary at this time. It is to be noted that the injured worker is also being prescribed Cymbalta for treatment of depression.

**Buspirone 15 mg, sixty count with three refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain/ Anxiety medications in chronic pain.

**Decision rationale:** Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The documentation submitted for review supports the use of this medication for the injured worker's anxiety; however, the request for another four month supply without evidence of objective functional improvement is excessive and is not medically necessary. The guidelines also recommend buspar being used for short term only.

**Propranolol 20 mg, sixty count with three refills:** Upheld

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

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

**Decision rationale:** Toprol-XL/Propranolol is indicated for the treatment of hypertension, for long-term treatment of angina pectoris and for the treatment of stable, symptomatic (NYHA Class II or III) heart failure of ischemic, hypertensive, or cardiomyopathic origin. The injured worker has not been diagnosed with any of the above conditions for which Propranolol is indicated. The use of this medication in this case seems to be off label and thus the request for Propranolol 20 mg, sixty count with three refills is excessive and not medically necessary.