

Case Number:	CM15-0131570		
Date Assigned:	07/17/2015	Date of Injury:	11/16/1981
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 72-year-old who has filed a claim for chronic mid back pain with derivative complaints of depression, diabetes, and hypertension with derivative allegations including depression, diabetes mellitus, hypertension, and sleep apnea reportedly associated with an industrial injury of November 16, 1981. In a Utilization Review report dated July 1, 2015, the claims administrator approved a request for Lexapro, failed to approve a request for donepezil, failed to approve a request for Klonopin, and failed to approve a request for Seroquel. The claims administrator referenced a June 25, 2015 RFA form and associated progress note of the same date in its determination. A progress note of May 14, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. On December 23, 2014, the attending provider reported that the applicant was permanently disabled owing to ongoing complaints of mid and low back pain. The applicant was using a walker to move about, it was suggested. The applicant was largely bedridden, the treating provider suggested. On March 28, 2015, the applicant underwent a multilevel thoracolumbar fusion surgery. In an RFA form dated March 16, 2015, Lexapro, donepezil, Seroquel, and Klonopin were endorsed. In an associated progress note dated March 12, 2015, it was stated that the applicant had ongoing issues with major depressive disorder. The applicant exhibited an appropriate affect. The applicant was pending lumbar spine surgery, it was reported. The applicant was described as having heightened depression with occasional suicidal ideation. The applicant was asked to continue Lexapro, donepezil, Seroquel, and Klonopin. Little-to-no discussion of medication efficacy transpired. On March 10, 2015, the applicant's spine surgeon reiterated that the

applicant was permanently disabled. On June 16, 2015, the applicant's spine surgeon refilled Norco. The applicant was described as "very depressed." Norco was renewed while the applicant was deemed "permanently disabled." It was stated that it was important for the applicant to take his antidepressant medication. In an RFA form dated June 26, 2015, Lexapro, donepezil, Klonopin, and Seroquel were endorsed. In an associated progress note of June 25, 2015, the applicant's psychiatrist reported that the applicant remained tearful. The applicant was more depressed. The applicant was having an increased number of panic attacks, it was reported. The applicant exhibited an anxious and depressed affect, it was reported. Lexapro, donepezil, Klonopin, and Seroquel were endorsed. It was suggested that Seroquel was being employed for mood stabilization purposes. Little-to-no discussion of medication efficacy transpired. All of the medications were framed as renewal requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donepezil 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001006>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: No, the request for donepezil (Aricept) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being employed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly state for what issue, diagnosis, and/or purpose donepezil was being employed here. While the Food and Drug Administration (FDA) notes that Aricept (donepezil) is indicated in the treatment of Alzheimer's type dementia, here, however, there was no mention of the applicant's having issues with dementia on any of the progress notes in question, including on the June 25, 2015 progress note at issue. The attending provider did not state whether ongoing usage of donepezil was or was not proving effective for whatever role was being employed. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same. Here, it appeared, based on the attending provider's incomplete documentation, that donepezil was being employed for depression as opposed to dementia, the FDA-approved role. The attending provider failed to furnish a clear or compelling rationale or medical evidence so as to support such usage. Therefore, the request was not medically necessary.

Clonazepam 1mg #40 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam may be appropriate for "brief period," in cases of overwhelming symptoms, here, however, it appeared that the attending provider and/or applicant were intent on employing clonazepam for chronic, long-term, and/or scheduled use purposes, for anxiolytic and/or sedative effect. The applicant was described as using one and half tablets of clonazepam on a nightly basis as of June 25, 2015. The request was, furthermore, framed as a renewal or extension request for the same. Continued usage of clonazepam, thus, ran counter to the brief role for which anxiolytic medications are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Quetiapine 100mg #120 with 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 (ODG) , Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Finally, the request for quetiapine (Seroquel), an atypical antipsychotic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotic is important, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Food and Drug Administration (FDA) does acknowledge that Seroquel, an atypical antipsychotic, can be employed to treat depressive symptoms associated with bipolar disorder, here, however, it did not appear that ongoing usage of Seroquel (quetiapine) had proven particularly effectual. The applicant was described as having lost 127 pounds on June 26, 2015. The applicant reported heightened symptoms of depression, tearfulness, and increased frequency of panic attacks. The applicant remained off of work, it was reported on June 16, 2015 at which point the applicant had been deemed "permanently disabled." Ongoing usage of quetiapine (Seroquel), thus, fail to ameliorate the applicant's mood or function and failed to curtail the applicant's dependence on anxiolytic medications such as clonazepam (Klonopin). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.