

<b>Case Number:</b>	CM15-0131976		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 53 year old male, who sustained an industrial injury on 4/13/2009. He reported being robbed at gunpoint. Diagnoses have included post traumatic stress disorder and mood disorder due to medical condition. Treatment to date has included psychological evaluation and medication. Per the progress report dated 5/15/2015, the injured worker reported getting about three hours of sleep a night. The injured worker did not appear fatigued. He appeared calm. According to the progress note dated 5/21/2015, the injured worker had problems with extreme liability of mood, anxiety, panic attacks, recurrent intrusive thoughts, memories and flashbacks of the assault experience. Seroquel was increased to address insomnia and nightmares. Authorization was requested for Inderal, Seroquel, Topamax and Saphris.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inderal LA 60mg #60:** 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

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

**Decision rationale:** Per FDA.gov: "Inderal: Indications and Usage. Hypertension Inderal is indicated in the management of hypertension. It may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic. Inderal is not indicated in the management of hypertensive emergencies. Angina Pectoris Due to Coronary Atherosclerosis Inderal is indicated to decrease angina frequency and increase exercise tolerance in patients with angina pectoris. Atrial Fibrillation Inderal is indicated to control ventricular rate in patients with atrial fibrillation and a rapid ventricular response. Myocardial Infarction Inderal is indicated to reduce cardiovascular mortality in patients who have survived the acute phase of myocardial infarction and are clinically stable. Migraine Inderal is indicated for the prophylaxis of common migraine headache. The efficacy of propranolol in the treatment of a migraine attack that has started has not been established, and propranolol is not indicated for such use. Essential Tremor Inderal is indicated in the management of familial or hereditary essential tremor. Familial or essential tremor consists of involuntary, rhythmic, oscillatory movements, usually limited to the upper limbs. It is absent at rest, but occurs when the limb is held in a fixed posture or position against gravity and during active movement. Inderal causes a reduction in the tremor amplitude, but not in the tremor frequency. Inderal is not indicated for the treatment of tremor associated with Parkinsonism. Reference ID: 2919389 8 Hypertrophic Subaortic Stenosis Inderal improves functional class in symptomatic patients with hypertrophic subaortic stenosis. Pheochromocytoma Inderal is indicated as an adjunct to alpha-adrenergic blockade to control blood pressure and reduce symptoms of catecholamine-secreting tumors." The injured worker does not have any of the above mentioned diagnoses. The use of Inderal in this case seems to be off label for anxiety and thus is not medically necessary.

**Saphris 5mg #60:** 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

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

**Decision rationale:** Asenapine (Saphris) is a second generation antipsychotic approved for the treatment of schizophrenia and manic episodes in bipolar I disorder. The injured worker has been diagnosed with post traumatic stress disorder and mood disorder due to medical condition. He does not carry the diagnoses of schizophrenia or bipolar I disorder. The use of Saphris in this case is off label and also there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. Thus the request for Saphris 5mg # 60 is excessive and not medically necessary.

**Seroquel 400mg #30:** 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

**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 [REDACTED], 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 400mg #30 is excessive and is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG.

**Topamax 100mg #100:** 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), Treatment Index, 11th Edition (web), updated 05/11/15, Mental Illness and Stress, PTSD pharmacotherapy.

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

**Decision rationale:** Topamax (topiramate) Tablets and Topamax (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 10 years of age and older with partial onset or primary generalized tonic-clonic seizures. It is also indicated as adjunctive therapy for adults and pediatric patients ages 2 - 16 years with partial onset seizures, or primary generalized tonic-clonic seizures, and in patients 2 years of age and older with seizures associated with Lennox-Gastaut syndrome. Also, Topamax (topiramate) Tablets and Topamax (topiramate capsules) Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of Topamax in the acute treatment of migraine headache has not been studied. The use of Topamax in these cases seems to be off label as the injured worker does not have any of the above-mentioned diagnoses. Thus, the request for Topamax 100mg #100 is excessive and is not medically necessary.