MAXIMUS Federal Services

Case Number:	CM15-0134725		
Date Assigned:	07/23/2015	Date of Injury:	03/31/2011
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 3/31/2011. He reported a heavy object falling and hitting him on the head with resultant injury to the head, neck, upper extremities, and back. The injured worker was diagnosed as having soft tissue hematoma on the posterior scalp, status post foreign object falling on head, cervical spine tenderness, chronic pain, cervical radiculopathy, lumbar strain and sprain, headaches, seizures post-concussion, right temporomandibular joint disorder and right hearing loss. Treatment to date has included emergency room treatment, CT scan of the cervical spine and lumbar spine and thoracic spine and brain (3/31/2011), x-rays of the pelvis and chest (3/31/2011), x-rays of the cervical spine (4/1/2011), magnetic resonance imaging of the lumbar spine and cervical spine (4/6/2011), and medications. The request is for Seroquel, Ativan, and Sonata. On 12/5/2014, a review of the medical records indicated he had complained of depression, insomnia, sleep disturbance, head pain, impaired concentration and memory, suicidal ideations without intent in an initial psychological evaluation on 12/1/2011. He is noted to have been utilizing Ativan since at least June 2013, and Seroquel and Sonata since at least March 2013, possibly longer. On 2/2/2015, he complained of neck and low back pain with radiation into the bilateral upper and lower extremities. He rated the pain 7/10 on average with medications and 9/10 without medications. There is no recent seizure activity noted. On 3/30/2015, he complained of neck pain with radiation into the bilateral upper extremities, low back pain with radiation into the bilateral lower extremities, ongoing temporal headaches, and jaw pain. He rated his pain as 7/10 on average with medications and 10/10 on average without medications. He also complained of

episodic nausea and mild constipation. He reported ongoing issues with limitations of activities of daily living including: activity, ambulation, hand function, sleep and sex. Physical examination revealed tenderness in the neck and low back. The treatment plan included: physical therapy, refill of medications, and TENS. Medications are: Norco, Senokot-S, Topiramate, Naprosyn, and discontinue Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg Qty 120 with 2 refills, every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p.24 Page(s): 24, 1, 8-9.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was insufficient documentation to show measurable functional gains from the use of this medication, which was being prescribed for "anxiety and irritability," to warrant ongoing use and to make a convincing case that this worker is an exception to the Guideline's suggestion to avoid using this medication chronically. Therefore, the Ativan will be considered medically inappropriate and unnecessary. Weaning may be indicated.

Sonata 10 mg Qty 60 with 2 refills, every night: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment - Zalepton (Sonata).

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 section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the Sonata was being prescribed to help treat the worker's insomnia. However, there was limited reporting on how effective this medication was at improving the quality and duration of sleep, which might have helped justify its continuation. Regardless, however, this medication is not intended or recommended to be used chronically

based on the existing evidence which doesn't support chronic use. Therefore, this request for Sonata is not medically necessary. Other non-medicinal methods to help insomnia should be considered.

Seroquel 200 mg Qty 120 with 2 refills, every night: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Queliapine (Seroquel).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398,Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management Page(s): 1, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, Atypical antipsychotics.

Decision rationale: The MTUS ACOEM Guidelines do not discuss antipsychotics specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, Seroquel was prescribed for "insomnia and anxiety." After review of the documentation provided, there was limited record to show significant improvements in depression or anxiety directly related to this medication. Treatment of insomnia with this medication is only off-label and not approved for this purpose. Therefore, considering the significant side effect risk profile of this medication and other options available and for the reasons above, the Seroquel is not medically necessary. Weaning may be indicated.