MAXIMUS Federal Services

Case Number:	CM15-0139919		
Date Assigned:	07/29/2015	Date of Injury:	11/09/2011
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 55 year old female patient who sustained an industrial injury on 11/09/2011. She was employed as a janitor and fell while getting supplies from a closet. She subsequently developed psychiatric symptoms. On 05/22/15 she was seen by [redacted] in follow up. Diagnoses were major depressive disorder single episode unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. Depressive symptoms included lack of motivation, difficulty getting to sleep and early morning awakening, decreased energy and self-esteem, and appetite changes. Anxiety symptoms included excessive worry, panic attacks, inability to relax, palpitations, restlessness, and shortness of breath. She complained of tension headaches and muscle tension. Improvements reported were less yelling and getting along better. Objectively she appeared visually anxious. Medications included Buspar 10mg BID, bupropion 100mg, Seroquel X 50mg, Tramadol 50mg, and Imipramine 30mg QHS. UR of 07/07/15 denied Seroquel and Prosom. The Prosom use dates back to at least 11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 50mg QTY: 30.00 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-psychotics. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Quetiapine (Seroques).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Atypical antipsychotics.

Decision rationale: Seroquel XR is an atypical antipsychotic, and there are few conditions in ODG for which antipsychotics are recommended. They are often used off label as adjuncts to other medications. There was no documented rationale for use of this medication, or of any efficacy gained. This request is therefore not medically necessary.

Prosom 2mg QTY: 30.00 with 2 refills: Upheld

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

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 Insomnia treatment.

Decision rationale: Prosom is an intermediate acting benzodiazepine commonly prescribed for short term treatment of insomnia. Benzodiazepines are recommended only for short term use in insomnia as they are not only associated with abuse and dependence, but for effects on cognition, rebound insomnia, and psychomotor functioning. They have also been associated with sleep related activities such as driving. The patient has been on Prosom since at least 11/2014, without documentation provided regarding efficacy. This request is therefore not medically necessary.