MAXIMUS Federal Services

Case Number:	CM15-0181317		
Date Assigned:	09/22/2015	Date of Injury:	06/21/1998
Decision Date:	10/29/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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 65 year old female who sustained an industrial injury on 06/21/1998. She is status post excision of large left L4-5 facet synovial cyst with persistent residuals, left lumbar radiculitis, and multilevel lumbar facet syndrome with spondylolisthesis. She suffers from major depressive disorder single episode unspecified and generalized anxiety disorder. Treatment to date has included diagnostics, activity modification, surgery, psychiatric care, physical therapy, and medications. In a progress report of 04/14/2015 she reported low back pain radiating to the left lower extremity numbness and tingling. She was permanent and stationary. Medications were effective and well tolerated. Gait was antalgic and slow. Lumbar spine was tender to palpation and range of motion was decreased secondary to pain. She was on bupropion, Effexor, Xanax, Lunesta, Seroquel, Norco, and Prilosec. UR of 05/06/2015 certified bupropion and venlafaxine, modified Lunesta to #30 without refills, and modified alprazolam to #120 without refills due to the extended time on these agents. On 05/13/2015 [redacted] submitted a special report on UR reconsideration regarding non-certification of the requests for Xanax, Lunesta, and Seroquel XR. He noted that the patient has been treated for severe anxiety since 2010 with failure of first line agents and other treatment methods, but he did not detail what these were. He cited ODG and other references to show why these medications were in general medically necessary but did not elucidate the efficacy on his patient specifically. He called for a medication management evaluation to be performed. This was done on 06/01/2015. It is notable that this medication evaluation was not done by a psychiatrist or other medical doctor, but by [redacted], who is also in the same group as [redacted]. The

conclusion of this was that bupropion decreases anxiety and depression; venlafaxine is an SSRI and SNRI having a stronger sedative component than a traditional SSRI; Seroquel is an atypical antipsychotic used for depression, anxiety, panic, sleep, and emotional control; Xanax is a benzodiazepine for reducing anxiety, panic, and promoting sleep; and Lunesta is in the same class as Ambien with equivalent effects and side effects of any other sleep medication. [redacted] stated that Xanax decreased the patient's anxiety and panic; Seroquel decreased her mental disorganization and insufficient emotional control, and Lunesta helps her sleep. Interestingly [redacted] report carries much of the same verbiage as many of [redacted] when discussing the reasons why a medication should be certified (e.g. "removing one medication could tip the scale..."). On 07/20/2015 [redacted] noted that the patient's diagnosis is generalized anxiety disorder, she has persistent symptoms of depression, anxiety, and stress related conditions. UR of 08/13/2015 noncertified Xanax, Lunesta, and Seroquel XR. On 09/04/2015 [redacted] submitted another special report on UR reconsideration regarding non-certification of the requests for Xanax, Lunesta, and Seroquel XR, with virtually the same arguments. On 9-11- 2015 UR noncertified the request for Xanax, Lunesta and Seroquel XR. She has been on these medications since at least 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Benzodiazepine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been prescribed this medication well beyond guidelines, since at least 2013. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Per ODG, an antidepressant (SSRI/SNRI) is first line treatment for anxiety disorders, with benzodiazepines used in the acute phase only while the antidepressant is being titrated. She is currently on venlafaxine and bupropion. There are other agents approved for use in anxiety with more benign side effect profiles than benzodiazepines, such as hydroxyzine (Vistaril), buspirone, etc. [redacted] cites many guidelines and articles but does not provide rationale specifically to this patient. This request is not medically necessary.

Lunesta 3mg: 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, Lunesta Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lunesta. Official Disability Guidelines, Mental Illness & Stress, Insomnia Treatment.

Decision rationale: Lunesta is a non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) which is a first line medication for insomnia and has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. The patient has been on Lunesta for well beyond guidelines though, since at least 2013, with no clear explanation. [redacted] cites many guidelines and articles but does not provide rationale specifically to this patient, such as what type of insomnia or sleep disturbance this patient experiences. This request is not medically necessary.

Seroquel XR 50mg #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 Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Seroquel Section, Atypical Antipsychotics Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Seroquel XR. Official Disability Guidelines, Mental Illness & Stress, Atypical Antipsychotics.

Decision rationale: Seroquel is an atypical antipsychotic FDA approved for treatment of schizophrenia and bipolar disorder. It is used off label to treat insomnia and mood stabilization in the community. ODG states under anti-anxiety medications in chronic pain that atypical antipsychotics may be useful in generalized anxiety disorder, but in GAD the first line agent(s) would be an antidepressant. The patient is on venlafaxine and bupropion. There are other medications with better side effect profiles than an atypical antipsychotic for mood stabilization, anxiety, and insomnia. This request is not medically necessary.