

<b>Case Number:</b>	CM15-0186253		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 49 year old male, who sustained an industrial injury on 10-15-2002. Medical records indicate the worker is undergoing treatment for anterolisthesis, multilevel cervical herniated nucleus pulposus, lumbar 4-5 herniated nucleus pulposus, lumbar facet arthropathy, right shoulder and right elbow arthralgia, right carpal tunnel syndrome and persistent gastrointestinal complaints. A recent progress report dated 8-21-2015, reported the injured worker complained of neck pain rated 4 out of 10 radiating to the bilateral shoulders, low back pain rated 5 out of 10 with radiation to the bilateral lower extremities, stomach pain with nausea, anxiety and depression. The injured worker consistently reported this pain since at least 4-20-2015. Physical examination revealed diffuse cervical-thoracic-lumbar tenderness with range of motion limited by pain, decreased dermatome sensation in the cervical 5-8 and lumbar 4-sacral 1 and positive straight leg raise test at 30 degrees on the right. Treatment to date has included psychotherapy, 6-8 acupuncture visits, 26 chiropractic care visits, right shoulder surgery, 8-12 physical therapy visits, epidural steroid injection x3 and medication management. On 8-19-2015, the Request for Authorization requested Carisprodol 325mg #90 monthly, Lorazepam 1mg #90 (since at least 2-12-2015), Wellbutrin XL 150mg #60 (since at least 2-12-2015), Temazepam 30mg #30 (since at least 2-12-2015), Tramadol 50mg #90 (since at least 2-12-2015) and Seroquel 50mg (since at least 2-12-2015). On 9-8-2015, the Utilization Review noncertified the request for Carisprodol 325mg #90 monthly and Seroquel 50mg #30, monthly and modified the request for Lorazepam 1mg #90 to #45, monthly, Wellbutrin XL 150mg #60 to #30, monthly, Temazepam 30mg #30 to #15, monthly and Tramadol 50mg #90 to #45, monthly.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90 Monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, the request for Carisoprodol 350mg #90 monthly is not medically necessary.

**Lorazepam 1mg #90 Monthly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS states, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Lorazepam 1 mg three times daily with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Lorazepam 1mg #90 monthly is not medically necessary.

**Wellbutrin XL 150mg #60 Monthly:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Mental Illness & Stress, Pain (Chronic), Bupropion (Wellbutrin).

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

**Decision rationale:** MTUS states "Bupropion (Wellbutrin(R)), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100mg per week up to 200 mg twice daily. (Maizels, 2005)" Wellbutrin is efficacious in treatment of neuropathic pain as well as depression. The request for Wellbutrin XL 150mg #60 monthly is medically necessary.

**Temazepam 30mg #30 Monthly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS states, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Temazepam 30 mg nightly with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Temazepam 30mg #30 monthly is not medically necessary.

**Tramadol 50mg #90 Monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of

these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Most recent progress report dated 8-21-2015, reported the injured worker complained of neck pain rated 4 out of 10 radiating to the bilateral shoulders, low back pain rated 5 out of 10 with radiation to the bilateral lower extremities. Review of the available medical records reveal insufficient documentation to support the medical necessity of Tramadol and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were available in the documentation. UDS report from 9/2013 was consistent with prescribed medications. However, since there is no documentation comprehensively addressing functional improvement in the records available for my review, the request is not medically necessary.

**Seroquel 50mg #30 Monthly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 National Institute of Mental Health, 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 50mg #30 monthly is excessive and not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The use of Seroquel in this case is off label, which is not clinically indicated.