

<b>Case Number:</b>	CM15-0189650		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male who sustained an industrial injury on 1-20-2003. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, SE severe with psychotic features, psychological factors affecting medical condition, somatic symptom dis. with predominant pain and obsessive compulsive disorder. According to the progress report dated 7-1-2015, the injured worker was "still depressed and psychotic." He slept four to five hours per night. He reported that medications helped. Per the treating physician (7-1-2015), the work status was permanent and stationary. The Objective findings (7-1-2015) documented "the functional benefit with medication management and medication(s) is the patient has been better able to execute functions of daily living." Treatment has included psychotherapy and medications. The injured worker has been prescribed Latuda, Seroquel, Ativan, Klonopin Wafer, Wellbutrin XL and Risperdal "for more than a year" per the 4-8-2015 progress report. Saphris was added per the 6-3-2015 progress report. The request for authorization dated 8-3-2015 was for psychotropic medication. The original Utilization Review (UR) (9-16-2015) denied requests for Seroquel, Ativan, Klonopin, Risperdal and Saphris.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 400mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Atypical antipsychotics.

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), atypical antipsychotics are "Not recommended as a first-line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." The patient's severe depression and psychoses acknowledged. This patient's medical records demonstrate that they have tried and failed other first line therapies for depression. The most recent medical records do demonstrate a quantifiable, objective improvement in the patient's depression secondary to use of this medication. Functional improvement is also documented. Therefore, based on the submitted medical documentation, the request for seroquel is medically necessary.

**Ativan 1mg #30:** 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): Benzodiazepines.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, 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." This patient has been documented to have long term, chronic psychoses and anxiety. Per MTUS, benzodiazepines should not be utilized for treatment of chronic conditions. The patient has been prescribed Ativan for longer than 4 weeks and is at high risk for dependence. Therefore, based on the submitted medical documentation, the request for Ativan is not medically necessary.

**Klonopin Wafer 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, 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." This patient has been documented to have long term, chronic psychoses and anxiety. Per MTUS, benzodiazepines should not be utilized for treatment of chronic conditions. The patient has been prescribed klonopin for longer than 4 weeks and is at high risk for dependence. Therefore, based on the submitted medical documentation, the request for Klonopin is not medically necessary.

**Risperdal 3mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Risperidone (Risperdal).

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), atypical antipsychotics are "Not recommended as a first-line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." The patient's severe depression and psychoses are acknowledged. This patient's medical records demonstrate that they have tried and failed other first line therapies for depression. The most recent medical records do demonstrate a quantifiable, objective improvement in the patient's depression secondary to use of this medication. Functional improvement is also documented. Therefore, based on the submitted medical documentation, the request for risperdal is medically necessary.

**Saphris 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), atypical antipsychotics are "Not recommended as a first-line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is

abundant evidence of potential treatment-related harm." Although the patient's severe depression and chronic pain are acknowledged, this patient's medical records do not demonstrate that they have tried and failed other first line therapies for depression. Therefore, based on the submitted medical documentation, the request for saphris is not medically necessary.