

Case Number:	CM15-0194213		
Date Assigned:	10/08/2015	Date of Injury:	05/05/2013
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/02/2015

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 26 year old male who sustained an industrial injury on 5-5-2013. A review of medical records indicates the injured worker is being treated for post-traumatic stress disorder, full syndrome, anxiety disorder, and history of job problem. Medical records dated 8-21-2015 noted he has been working full time now on the day shift. He had been having trouble sleeping and that he enjoys working. He had no feelings of hopelessness or helplessness. His energy was good. His concentration was still poor. He had no suicidal ideation or homicidal ideation. He denied any side effects to medications. Treatment has included Seroquel XR and Xanax since at least 6-19-2015. Utilization review form dated 9-1-2015 noncertified Xanax 2mg #40 and Seroquel 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Xanax 2mg #40, with 1 refill, last filled 08/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications by Stephen m. Stahl, Cambridge University Press: 4 edition (2013).

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. The injured worker has been diagnosed with post-traumatic stress disorder and anxiety disorder. Upon review of the Primary Treating Physicians' Progress Reports, he has been prescribed Xanax 2 mg daily on an ongoing basis 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 Retrospective request for Xanax 2mg #40, with 1 refill, last filled 08/21/2015 is excessive and not medically necessary.

Retrospective request for Seroquel 150mg #30, with 1 refill, last filled 08/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications by Stephen m. Stahl, Cambridge University Press: 4 edition (2013).

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 (eg, 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 injured worker has been diagnosed with post-traumatic stress disorder and anxiety disorder for which antipsychotics are not indicated per FDA guidelines. The request for retrospective request for Seroquel 150mg #30, with 1 refill, last filled 08/21/2015 is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG as well.