

<b>Case Number:</b>	CM15-0199198		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 was a 55 year old female, who sustained an industrial injury, April 11, 2010. The injured worker was undergoing treatment for chronic pain syndrome, Lumbosacral discopathy with radiculopathy, cervical discopathy with radiculopathy, depression and anxiety. According to psychological progress note of August 17, 2015, the injured worker presented for medication management and persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. The observed behaviors were visible anxiety, soft spoken and pressured. The medication management for persistent depression, anxiety and stress related medical complaints. The injured worker previously received the following treatments Xanax since October 17, 2012, Seroquel since September 19, 2014, Wellbutrin, Risperidone, Hydroxyzine, Amitriptyline and Methocarbamol. The RFA (request for authorization) dated August 17, 2015 the following treatments were requested prescriptions for Seroquel (Quetiapine) 300mg #30 and Xanax 0.5mg #90. The UR (utilization review board) denied certification on September 18, 2015; for prescriptions for Seroquel 300mg #30 and Xanax 0.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**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 suffers from chronic pain syndrome, major depressive disorder and generalized anxiety disorder. The request for Seroquel 300mg is not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.

**Xanax 0.5mg #90:** Upheld

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

**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 Xanax 0.5 mg three times 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 Xanax 0.5mg #90 is excessive and not medically necessary.