

Case Number:	CM15-0020365		
Date Assigned:	02/09/2015	Date of Injury:	09/14/2004
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female, who sustained an industrial injury on 9/14/2004. She has reported panic attacks, fearfulness, and depression. The diagnoses have included major depressive disorder with psychotic features, chronic, and Post-traumatic stress disorder. Treatment to date has included medication therapy, individual counseling, group counseling, biofeedback, history of inpatient admission. Currently, the IW complains of anxiety, panic, and emotional dyscontrol. On 10/23/14 the evaluation documented continued symptoms with improvement on medications, however, still report of days without getting out of bed. Further medication treatment was warranted due to continuation in severe depression scores, severe anxiety scores, and insomnia scores. The provider documented that without Xanax and Seroquel; she reported walking around the house, restless, loses her temper and yell, experience increased panic attacks with the possibility of ending up in the emergency room, unable to sleep and extreme daytime sleepiness. The plan of care included continuation of current medications as ordered. Objective findings from PR-2 1/26/15 documented depressed facial expressions and visible anxiety with report of depression, change in appetite, excessive worry, hearing voices, suspicion, agitation, and more. On 1/27/2015 Utilization Review non-certified Xanax 0.8mg #18 with three refills and Seroquel 50mg #30 with one refill, noting the documentation failed to support medical necessity. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/3/2015, the injured worker submitted an application for IMR for review of Xanax 0.8mg #18 with three refills and Seroquel 50mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.8mg, #18 with 3 refills of #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Mental health section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.8 mg #60 is medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; major depression; and psychological factors affecting medical condition (stress intensified headache, neck/shoulder/back muscle tension/pain, nausea, peptic acid reaction and abdominal pain/cramping). The injured worker is under the care of a psychiatrist (since 2005) who is managing the benzodiazepines, antidepressants and atypical antipsychotic medications. The injured worker is being treated for major depression (since 2005) while under the care of psychiatrist. Ongoing Xanax is appropriate and clinically indicated. Consequently, based on the medical information in the medical record and the ongoing use of benzodiazepines since 2005, Xanax 0.8 mg # 18 with three refills #90 is medically necessary.

Seroquel 50mg, #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines anxiety medications in chronic pain. Decision based on Non-MTUS Citation ODG Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health section, Seroquel.

Decision rationale: Pursuant to the 2005, Seroquel 50 mg #30 with two refills is medically necessary. Seroquel is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g. Seroquel, risperidone) for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; major depression; and psychological factors affecting medical condition (stress intensified headache, neck/shoulder/back muscle tension/pain, nausea, peptic acid reaction and abdominal pain/cramping). The injured worker is under the care of a psychiatrist who is managing the benzodiazepines, antidepressants and atypical antipsychotic medications. The injured worker is being treated for major depression. While under the care of psychiatrist the injured worker has been treated with Seroquel since 2005. Ongoing Seroquel is

appropriate and clinically indicated. The stress related conditions chapter of the ACOEM practice guidelines state antipsychotic medications may be prescribed for major depression. Consequently, based on the medical documentation and the ongoing use of Seroquel, while under the care of a psychiatrist, that has been managing these medications since 2005, Seroquel 50 mg #30 with two refills is medically necessary.

Sertraline 100mg #60 with 3 refills: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Sertraline 100 mg #60 with three refills is medically necessary. Sertraline is an antidepressant indicated for the treatment of major depression. It is a recommended initial treatment for major depressive disorders that are moderate or severe major depressive disorders, severe or psychotic, unless electroconvulsive therapy is part of the treatment plan. It is not recommended for mild symptoms. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; major depression; and psychological factors affecting medical condition (stress intensified headache, neck/shoulder/back muscle tension/pain, nausea, peptic acid reaction and abdominal pain/cramping). The injured worker is under the care of a psychiatrist who is managing the benzodiazepins, antidepressants and atypical antipsychotic medications. The injured worker is being treated for major depression while under the care of psychiatrist since 2005 with Sertraline. The mental health guidelines strongly recommend antidepressant medications for moderate or severe major depressive disorders. Consequently, based on the medical information in the medical record and the long-term treatment with sertraline while under the care of psychiatrist, Sertraline 100 mg #60 with three refills is medically necessary.

Bupropion 100mg, #60 with 3 refills: Overturned

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) Pain section, Bupropione.

Decision rationale: Pursuant to the Official Disability Guidelines, Bupropion (Wellbutrin) 100 mg #60 with three refills is medically necessary. Wellbutrin is recommended as an option after other agents. While Wellbutrin has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Wellbutrin is a third line

medication for diabetic neuropathy and may be considered when patients have not had a response to a tri-cyclic or SNRI. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; major depression; and psychological factors affecting medical condition (stress intensified headache, neck/shoulder/back muscle tension/pain, nausea, peptic acid reaction and abdominal pain/cramping). The injured worker is under the care of a psychiatrist who is managing the benzodiazepins, antidepressants and atypical antipsychotic medications. The injured worker has been on Wellbutrin, while under the care of a psychiatrist, for several years. The mental health guidelines strongly recommend antidepressant medications for moderate or severe major depressive disorders. Consequently, based on the medical information in the medical record and the long-term treatment of Wellbutrin while under the care of psychiatrist, Wellbutrin (bupropion) 100 mg #60 with three refills is medically necessary.