

<b>Case Number:</b>	CM15-0023503		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old female, who sustained an industrial injury on 11/29/2012. The diagnoses have included crush injury to the left calf with resultant compartment syndrome, depression and anxiety, gait disturbance, and lumbar strain/sprain. Treatment to date has included surgical intervention (status post fasciotomy left lower extremity) and conservative measures. The PR2 report, dated 9/11/2014, noted medical record review, including recent psychiatric evaluation report (6/18/2014) with recommendation for Prozac 60-100mg per day, Amitriptyline 10mg with increase to 40mg per day, Seroquel 50mg per day, and gradual wean off opiate medications. The injured worker reported radiating back pain and pain into the left lower back and left upper and lower leg pain. She ambulated with a drop-foot gait on the left side, with diminished sensation and marked motor weakness. Current medications were not documented. The PR2 report, dated 8/14/2014, noted medications as including Elavil 25mg at bedtime, Norco 7.5/325mg one tab every 4-6 hours as needed, Prozac 40mg twice daily, and Seroquel 50mg at bedtime. Recent diagnostic report findings were not noted. On 1/07/2015, Utilization Review (UR) non-certified a request for Prozac 40mg #30 with 3 refills, citing MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a request for Seroquel 50mg #30 with 3 refills, citing the Official Disability Guidelines. The UR modified a request for Norco 10/325mg #360, to a one month supply for weaning purposes, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 40mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, anti-depressants chronic pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors)

**Decision rationale:** According to the Official Disability Guidelines antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. The patient has been diagnosed with depression. I am reversing the previous utilization review decision. Prozac 40mg #30 with 3 refills, is medically necessary.

**Seroquel 50mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anxiety medications in chronic pain

**Decision rationale:** The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders which sometimes produce poor sleep. There is no documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, neither of which the patient suffers from based on the medical record. Seroquel 50mg #30 with 3 refills is not medically necessary.

**Norco 10/325mg #360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, criteria for use of opioids, on going management

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Pages 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement

or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #360 is not medically necessary.