MAXIMUS Federal Services

Case Number:	CM15-0029540		
Date Assigned:	02/23/2015	Date of Injury:	09/27/2002
Decision Date:	04/09/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury by assault on September 27, 2002. The injured worker has been diagnosed with depression, anxiety, post-concussion syndrome, stress related medical complaints, lumbago, fibromyalgia and dental trauma. According to the psychological follow up report on January 2, 2015 the injured worker's psyche disability remains unchanged. According to the evaluation report on Aug 15, 2014 the injured worker has intrusive recollections, sleep disturbances, concentration problems, altered visual and auditory perceptions, hypervigilance and an exaggerated startle response. Current medications consist of Tizanidine, Naproxen, Cymbalta, Tramadol, Omeprazole, Lexapro, Seroquel, Xanax, Prosom and topical analgesic. Prior treatment modalities consisted of Cognitive Behavioral Therapy (CBT), Biofeedback and pharmacological management. The treating physician requested authorization for Lexapro 10gm, #60 with 2 refills; Seroquel 100mg, #30 with 2 refills; Xanax 0.5mg, #60 with 2 refills; Prosom 2mg, #30 with 2 refills. On January 17, 2015 the Utilization Review denied certification for Lexapro 10gm, #60 with 2 refills; Seroquel 100mg, #30 with 2 refills. On January 17, 2015 the Utilization Review modified the request for Xanax 0.5mg, #60 with 2 refills to 1 prescription of Xanax 0.5mg, #60 with 0 refills and Prosom 2mg, #30 with 2 refills modified to 1 prescription of Prosom 2mg, #30 with 0 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10gm, #60 with 2 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, Escitalopram (Lexapro).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on Escitalopram.

Decision rationale: This patient presents with lower back pain, neck pain, and bilateral shoulder pain. The treater has asked for LEXAPRO 10GM #60 2 REFILLS but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of the patient taking lexapro in the past. The patient was positive for Prozac per6/9/14 urine drug screen. The patient is taking Cymbalta in 6 progress reports dated6/9/14 to 12/19/14. Regarding antidepressants for chronic pain, ODG recommends as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Escitalopram (Lexapro, no generic available) is an SSRI that is also approved for major depressive disorder. In this case, the treater does not provide a rationale for the request but the patient has a diagnosis of depression and anxiety. The patient has been taking Prozac and is currently taking Cymbalta. There is no discussion as to why the switch is being made when the patient is already on two anti-depressants. There is no discussion regarding side effects, or lack of efficacy with previous medication. Without an explanation as to what is going on, the request cannot be considered. MTUS page 8 require physician monitoring of the patient to check for progress and appropriate recommendations regarding treatment. The request IS NOT medically necessary.

Seroquel100mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Quetiapine (Seroquel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter, Atypical Antipsychotics.

Decision rationale: This patient presents with lower back pain, neck pain, and bilateral shoulder pain. The treater has asked for SEROQUEL 100MG #30 2 REFILLS but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of Seroquel being taken in the past. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend--olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole for the treatment of PTSD. ODG does not recommend them as a first-line treatment. ODG states: "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 authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Cinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems."In this case, the patient has depression, has been taking Prozac/Cymbalta, and is concurrently requesting Lexapro. ODG guidelines does not recommend atypical antipsychotics as first-line treatment, and states that adding an atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." The treater does not discuss why an atypical antipsychotic would be needed if the patient is already on an SSNRI. The requested trial of Seroquel is not indicated per ODG guidelines. The request IS NOT medically necessary.

Xanax 0.5mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with lower back pain, neck pain, and bilateral shoulder pain. The treater has asked for XANAX 0.15MG #60 2 REFILLS but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of Xanax being used in the past. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has chronic low back, neck, and bilateral shoulder pain. The treater does not state that Xanax is for short-term use, and this request appears to be for a 3 month's supply. MTUS does not recommend long-term use of benzodiazepines. The request IS NOT medically necessary.

Prosom 2mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24.

Decision rationale: This patient presents with lower back pain, neck pain, and bilateral shoulder pain. The treater has asked for PROSOM 2MG #30 2 REFILLS but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of Prosem being used in the past. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In

this case, the patient has chronic low back, neck, and bilateral shoulder pain. The request is for a month's supply with 2 refills, which exceeds MTUS recommendation for a maximum of 4 weeks. MTUS does not recommend long-term use of benzodiazepines. The request IS NOT medically necessary.