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| Case Number: | CM15-0215224 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 01/20/2003 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

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 51-year-old male, who sustained an industrial injury on January 20, 2003, incurring upper back, left elbow, right elbow, left shoulder and right wrist injuries. He was diagnosed with cervical degenerative disc disease, left and right epicondylitis, right carpal tunnel syndrome, and impingement syndrome of the left shoulder. He underwent a surgical left cubital tunnel release, left shoulder arthroscopy and a cervical discectomy and fusion. Treatment included pain medications, neuropathic medications, muscle relaxants, topical analgesic creams, physical therapy, and activity restrictions. He continued with ongoing cervical pain and upper extremity pain. He had treatments of chiropractic sessions, aqua therapy, shockwave therapy and acupuncture providing him with temporary relief. The injured worker received epidural steroid injection, steroid injections for the shoulder and elbow. He experience grinding of his teeth and TMJ, was evaluated by a dentist, and underwent bone grafts, root canals and crowns. Currently, the injured worker developed anxiety and depression with aggressive and obsessive behavior. He had over a year of psychotherapy sessions with minimal change. He was diagnosed with major depression and obsessive-compulsive disorder. He was treated with antidepressants and psychotropic medications. The treatment plan that was requested for authorization included prescriptions for Latuda, Seroquel, Ativan, Klonopin Wafer, Wellbutrin XL, Risperdal and Saphris. On October 1, 2015, a request for Latuda 80 mg quantity #90 was modified to a quantity of #60; Wellbutrin XL 300 mg quantity #45 was modified to one prescription with a quantity of #30; and prescriptions for Seroquel, Ativan, Klonopin Wafer, Risperdal and Saphris were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), 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) FDA.gov / LATUDA.

Decision rationale: LATUDA is an atypical antipsychotic for the treatment of Schizophrenia and Depressive episodes associated with Bipolar I Disorder (bipolar depression), as monotherapy and as adjunctive therapy with lithium or valproate. The injured worker has been diagnosed with major depression and obsessive-compulsive disorder. The request for Latuda 80mg #90 is excessive and not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. In addition, the injured worker is being prescribed four atypical antipsychotics including Latuda, Saphris, Risperdal and Serquel, which in combination can contribute to significant metabolic and other side effects.

Seroquel 400mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), 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 Illness & Stress/Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states that 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 major depression and obsessive-compulsive disorder request the request for Seroquel 400mg #135 is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. In addition, the injured worker is being prescribed four atypical antipsychotics including Latuda, Saphris, Risperdal and Serquel, which in combination can contribute to significant metabolic and other side effects.

Ativan 1mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anxiety medications in chronic pain.

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 major depression and obsessive-compulsive disorder. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 1mg 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 Ativan 1mg #45 is not medically necessary.

Klonopin Wafer 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anxiety medications in chronic pain.

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 major depression and obsessive-compulsive disorder. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin Wafer 2mg 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. In addition, the request does not specify the quantity being requested and thus Klonopin Wafer 2mg is not medically necessary.

Wellbutrin XL 300mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness /Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100mg once daily, increase by 100 mg per week up to 200 mg twice daily." ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depression and obsessive-compulsive disorder. Wellbutrin XL is indicated for the treatment of major depressive disorder. However, the request for Wellbutrin XL 300mg #45 is excessive and not medically necessary as the documentation does not indicate any evidence of objective functional improvement with the same.

Risperdal 3mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical antipsychotics; Risperidone (Risperdal).

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; Risperdal.

Decision rationale: The injured worker has been diagnosed with major depression and obsessive-compulsive disorder. The request for Risperdal 3mg #90 as the use of this medication is off label in this case. In addition, the injured worker is being prescribed four atypical antipsychotics, which can cause significant side effects, and thus the request is not clinically indicated. Therefore, the request is not medically necessary.

Saphris 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), 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 Illness & Stress/Atypical Antipsychotics and Other Medical Treatment Guidelines FDA.gov: Asenapine (SAPHRIS).

Decision rationale: Asenapine (SAPHRIS) is a second generation antipsychotic approved for the treatment of schizophrenia and manic episodes in bipolar I disorder. The injured worker has been diagnosed with major depression and obsessive-compulsive disorder. The use of Saphris in this case is off label and there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Thus, the request for Saphris 10mg #90 is excessive and not medically necessary.