

Case Number:	CM15-0221685		
Date Assigned:	11/17/2015	Date of Injury:	07/20/2010
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/11/2015

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 (IW) is a 58 year old individual, who sustained an industrial injury on 7-20-2010. The injured worker is being treated for lumbar herniated nucleus pulposus. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 10-13-2015, the injured worker reported increased lower back pain with radiation to left leg and increased pain at night causing inability to sleep. Objective findings included positive straight leg raise, spasms and decreased sensation. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. It is not clear from the medical records provided how long the IW has been prescribed the requested medications. Work status was to remain off work until the next appointment. The plan of care included medications including Lyrica, Ambien, Oxycontin, Percocet and an updated magnetic resonance imaging (MRI) of the lumbar spine. Authorization was requested for bupropion 100mg #60, alprazolam 0.5mg #90, temazepam 30mg #30 and Seroquel 50mg #60. On 10-21-2015, Utilization Review non-certified the request for alprazolam 0.5mg #90, temazepam 30mg #30 and Seroquel 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg Qty: 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 0.5 mg #90 with 2 refills is not 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 depressive disorder, NOS with anxiety; and orthopedic injuries, thyroid condition, hypertension and stomach aches, defer appropriate medical specialist. Date of injury is July 20, 2010. Request for authorization is October 13, 2015. There is no documentation in the medical record by the requesting provider. According to a psychiatric QME, dated July 1, 2014, medications include Percocet, Lyrica, bupropion, Alprazolam. The treating diagnoses were depressive disorder with anxiety. Treating provider is a [REDACTED] was part of the [REDACTED]. There is no documentation in the medical record from the treating/requesting provider. According to the utilization review, a progress note dated October 2, 2015 was referenced for information. Medications included temazepam and Alprazolam (two benzodiazepines) and Seroquel (a second line antipsychotic). There was no clinical indication or rationale for two benzodiazepines to be taken concurrently. Temazepam (according to the Official Disability Guidelines) is not recommended. Alprazolam is 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. At a minimum, the treating provider continued Alprazolam in excess of 15 months. The guidelines do not recommend treatment for longer than two weeks. There is no documentation demonstrating objective functional improvement to support ongoing Alprazolam. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical documentation by the requesting provider in the medical record to support the ongoing use of Alprazolam, no documentation demonstrating objective functional improvement and treatment continued well in excess of the recommended guidelines (15 months at a minimum), Alprazolam 0.5 mg #90 with 2 refills is not medically necessary.

Temazepam 30mg Qty: 30 with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam (Restoril) 30 mg #30 with 2 refills is not 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. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are depressive disorder, NOS with anxiety; and orthopedic injuries, thyroid condition, hypertension and stomach aches, defer appropriate medical specialist. Date of injury is July 20, 2010. Request for authorization is October 13, 2015. There is no documentation in the medical record by the requesting provider. According to a psychiatric QME dated July 1, 2014, medications include Percocet, Lyrica, bupropion, Alprazolam. The treating diagnoses were depressive disorder with anxiety. Treating provider is a [REDACTED] was part of the [REDACTED]. There is no documentation in the medical record from the treating/requesting provider. According to the utilization review, a progress note dated October 2, 2015 was referenced for information. Medications included Temazepam and Alprazolam (two benzodiazepines) and Seroquel (a second line antipsychotic). There was no clinical indication or rationale for two benzodiazepines to be taken concurrently. Temazepam (according to the Official Disability Guidelines) is not recommended. Alprazolam and Temazepam 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. The start date for temazepam is not specified in the medical record documentation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non recommendations for temazepam, no documentation demonstrating objective functional improvement and no rationale for prescribing two benzodiazepines concurrently, Temazepam (Restoril) 30 mg #30 with 2 refills is not medically necessary.

Seroquel 50mg/tab Qty: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 09/30/2015) - Online Version.

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 and stress section, Seroquel.

Decision rationale: Pursuant to the Official Disability Guidelines, Seroquel 50 mg tablets, #60 with two refills is not medically necessary. Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (Seroquel) as monotherapy for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are depressive disorder, NOS with anxiety; and orthopedic injuries, thyroid condition, hypertension and stomach aches, defer appropriate medical specialist. Date of injury is July 20, 2010. Request for authorization is October 13, 2015. There is no documentation in the medical record by the requesting provider. According to a psychiatric QME dated July 1, 2014, medications include Percocet, Lyrica, bupropion, Alprazolam. The treating diagnoses were depressive disorder with anxiety. Treating provider is a [REDACTED] was part of the [REDACTED]. There is no documentation in the medical record from the

treating/requesting provider. According to the utilization review, a progress note dated October 2, 2015 was referenced for information. Medications included Temazepam and Alprazolam (two benzodiazepines) and Seroquel (a second line antipsychotic). There was no clinical indication or rationale for two benzodiazepines to be taken concurrently. Temazepam (according to the Official Disability Guidelines) is not recommended. Alprazolam and Temazepam 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. Utilization review indicates Bupropion was recertified. The request for Seroquel was denied. Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (Seroquel) as monotherapy for conditions covered in the Official Disability Guidelines. As noted above, there is no recent documentation by the requesting provider with the clinical discussion, indication or rationale for Seroquel. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations as a first-line treatment and no documentation with a clinical discussion, indication or rationale, Seroquel 50 mg tablets, #60 with two refills is not medically necessary.