

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0047123 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 09/01/1998 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old male injured worker suffered an industrial injury on 9/1/1998. The diagnoses were major depressive disorder and displacement of lumbar intervertebral disc without myelopathy. The injured worker had been treated with medications. On 11/7/2014 the treating provider reported a slight decrease in the depression per the nurse case manager. His alertness has improved and brighter affect. There was limited current documentation in relation to the depression. The treatment plan included Quetiapine, Escitalopram, and Mirtazapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine 200 mg, ninety count:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: drug information quetiapine.

**Decision rationale:** This injured worker has been treated for chronic pain, 'psychiatric ailments' and depression. He receives multiple psychotropic medications. Continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work. Quetiapine is an atypical anti-psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. The provider visit fails to document any improvement in mood or symptoms or a discussion of side effects to justify use. The long-term plan of treatment is also not documented nor is there a discussion of a gradual dose reduction. The records do not document medical necessity for quetiapine.

**Escitalopram 20 mg, thirty count:** 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), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 107, Postsurgical Treatment Guidelines.

**Decision rationale:** This injured worker has been treated for chronic pain, 'psychiatric ailments' and depression. He receives multiple psychotropic medications. Per the guidelines, SSRIs are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. It is not clear why escitalopram was prescribed and the records do not document a discussion of efficacy or side effects. The medical necessity of escitalopram is not substantiated in the records.

**Mirtazapine 30 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 13-16.

**Decision rationale:** This injured worker has been treated for chronic pain, 'psychiatric ailments' and depression. He receives multiple psychotropic medications. Per the guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Mirtazapine is an antidepressant that is prescribed for this injured worker who is already taking several other psychotropic medications. The records do not document the need for an alternative or additional antidepressant and whether this is being prescribed for pain or depression or both. The records also do not include a discussion of efficacy or side effects. The medical necessity of mirtazapine is not substantiated.