

<b>Case Number:</b>	CM15-0082332		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, Pain Management

### 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 45 year old male, who sustained an industrial/work injury on 8/29/13. He reported initial complaints of headache, neck, mastoid, and jaw pain. The injured worker was diagnosed as having cervical spondylosis, cervical facet arthropathy, myofascial pain, right radial neuropathy, bilateral carpal tunnel syndrome, bilateral acromioclavicular joint arthritis and impingement, cervicogenic headache, post-concussion headache, temporomandibular joint (TMJ) syndrome, occipital neuralgia, and depression. Treatment to date has included medication, diagnostics, and radiofrequency ablation at bilateral C3-C5. MRI results were reported on 9/9/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 7/15/14. Currently, the injured worker complains of bilateral temporomandibular pain, bilateral TM joint noises, headaches, upper and lower back pain, as well as neck pain rated 7/10. Per the primary physician's progress report (PR-2) on 3/18/15, there is tenderness over bilateral occipital protuberances, tenderness over the upper cervical facets but less so than over the lower cervical paraspinal and trapezius musculature. The requested treatments include Spine Surgeon Evaluation for the Cervical Spine, MRI without Contrast for Cervical Spine, Eszopiclone, and Quetiapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgeon Evaluation for the Cervical Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, there is continued documentation of neck pain, cervicogenic headaches, and facet arthropathy despite medications, PT, acupuncture, and radiofrequency ablation. It is reasonable to consult with spine surgeon as to investigate whether surgical options are feasible in improving pain, as well as a second professional opinion on course of care. This request is medically necessary.

**MRI without Contrast for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment, which this worker's timeframe exceeds 3 months of conservative management. However, there is inadequate documentation of imaging studies to date for the cervical spine. If this is the first MRI, there should be discussion of x-rays results first. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit and in fact prior EMG has shown the absence of cervical radiculopathy. In the absence of such documentation the requested cervical MRI is not medically necessary.

**Eszopiclone 2mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Although it is apparent the patient has tried other sleep agents such as Ambien, non-pharmacologic intervention is not evident. Given this, the current request is not medically necessary.

**Quetiapine 100mg quantity 90 with four 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, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter & Mental Illness and Stress Chapter, Atypical Anti-Psychotic Topic Other: Uptodate Online, Seroquel Entry.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address anti-psychotic medication. The ODG Mental Illness and Stress Chapter states the following regarding atypical anti-psychotics: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. 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. Clinicians 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. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) 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. (Jin, 2013)"In the case of

this injured worker, there is insufficient rationale as to the why Seroquel is included in the treatment regimen. This medication is primarily indicated for schizophrenia and bipolar disorder. The patient does not have documentation of either of these disorders. Furthermore, the Official Disability Guidelines specifically state that anti-psychotics have "insufficient evidence" to recommend use "for conditions covered in ODG." Finally, a 5 month supply of this medication is not warranted as periodic monitoring for side effects and benefit should be carried out. This request is not medically necessary.