

<b>Case Number:</b>	CM15-0243844		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 36 year old female who sustained an industrial injury on 2-9-2015. A review of medical records indicates the injured worker is being treated for posttraumatic stress disorder and major depressive disorder, single episode, severe with psych. Medical records dated 10-27-2015 noted severe depression, anxiety, and PTSD with significant improvement in depression and insomnia since her last visit. She has completed 12 psychotherapy sessions. Physical examination noted agitation, anxiety, psychomotor agitation, and tearfulness. Treatment has included Doxepin, Seroquel, and Lorazepam since 9-28-2015. Utilization review form dated 11-16-2015 noncertified Lorazepam 2mg #60, Quetiapine Fumarate 25mg #90, and Doxepin 25mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Lorazepam 2mg #60 (DOS: 08/03/15, 08/27/15, 09/25/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Mental Illness and Stress Procedure Summary Online Version last

updated 09/30/2015, Official Disability Guidelines-Treatment in Workers' Compensation: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** MTUS states that benzodiazepine (ie Xanax) is "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Xanax since at least 9/28/2015, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Lorazepam 2mg #60 is not medically necessary.

**Retro: Quetiapine Fumarate 25mg #90 (DOS: 08/27/15, 09/25/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Mental Illness and Stress Procedure Summary Online Version last updated 09/30/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental; Atypical antipsychotics; PTSD treatment.

**Decision rationale:** Quetiapine is an atypical antipsychotic. ODG states 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. (Spielman, 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) Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. A population-based study examining medical records for nearly 200,000 adults showed that those who received a prescription for quetiapine (Seroquel), risperidone (Risperdal), or olanzapine had an almost 2-fold increased risk for hospitalization for AKI within the next 90 days vs those who did not receive these prescriptions. In addition, patients who received one of these oral atypical antipsychotics had increased risk for acute urinary retention, hypotension, and even death. (Hwang, 2014) With regards to PTSD therapy, ODG states: "There is insufficient evidence to recommend atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone, aripiprazole) for the treatment of PTSD." There is no evidence of failure of first line agents. Therefore, the request is not medically necessary.

**Retro: Doxepin 25mg #90 (DOS: 09/28/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry, 2nd Edition, Mosby, Inc. pp. 230, 460.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental; insomnia treatment.

**Decision rationale:** Doxepin is an anti-depressant being used for insomnia. ODG states "Evidence for antidepressants was also limited and insufficient for most outcomes. Doxepin improved global outcomes in older adults without significant adverse effects, but this improvement was not clinically significant." There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Therefore, the request is not medically necessary.