

Case Number:	CM14-0120416		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2003
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old male with date of injury 1/20/2003 . Date of the UR decision was 7/3/2014. Report dated 5/31/2014 indicated that the injured worker presented with subjective complaints of depression, anger, voices worsening. He was diagnosed with Major Depressive disorder, single episode, severe with psychotic features; Psychological factors affecting medical condition and Pain disorder associated with psychological factors and general medical condition. Report dated 5/23/2014 indicated that he presented with left sided dominant neck pain, left upper radiculopathy. It was indicated that he had been taking Vicodin, Neurontin, Naproxen, Seroquel, Klonopin, Ativan, Wellbutrin, Risperidal and Latuda. It was indicated that the injured worker had been taking these medications for last 3 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Seroquel 400mg #90: 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 & Stress; Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Mental & Stress <Atypical Antipsychotics,

Quetiapine (Seroquel) Other Medical Treatment Guideline or Medical Evidence: <FDA.gov- Seroquel >.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS (ODG) Mental & Stress Atypical Antipsychotics, Quetiapine (Seroquel) Other Medical Treatment Guideline or Medical Evidence: FDA.gov- SeroquelThe Expert Reviewer's decision rationale:The request for 1 Prescription of Seroquel 400mg #90 is not medically necessary. The injured worker has been continued on Atypical Antipsychotics for a few years. The guidelines do not recommend use of long term antipsychotics for conditions covered in the guidelines. The injured worker has been maintained on multiple atypical antipsychotic medications which can have serious side effects with long term use. The request is not medically necessary.

1 Prescription of Risperdal 2mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines; regarding Risperdal Official Disability Guidelines, Mental Illness & Stress; Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Mental & Stress <Atypical Antipsychotics, Risperdal Other Medical Treatment Guideline or Medical Evidence: <FDA.gov- Risperdal >.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental & Stress Atypical Antipsychotics, Risperdal. Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Risperdal The Expert Reviewer's decision rationale:ODG states that "Risperdal is not recommended as a first-line treatment." There is insufficient evidence to recommend atypical antipsychotics (quetiapine, risperidone) for conditions covered in ODG. The request for.1 Prescription of Risperdal 2mg, # is not medically necessary. The injured worker has been continued on Atypical Antipsychotics for a few years. The guidelines do not recommend use of long term antipsychotics for conditions covered in the guidelines. The injured worker has been maintained on multiple atypical antipsychotic medications which can have serious side effects with long term use. The request is not medically necessary.

1 prescription of Klonopin Wafer 2mg, #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 (ODG) Benzodiazepines; Weaning of Medications; Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaningof medications Page(s): 24, 124.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepine, Weaning of medications, pages 24, 124.The Expert Reviewer's 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 MTUS guidelines state that "the use of benzodiazepines should be limited to 4 weeks." The request for 1 prescription of Klonopin Wafer 2mg, #30 is not medically necessary.