

Case Number:	CM14-0126490		
Date Assigned:	08/13/2014	Date of Injury:	03/06/2001
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine 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 patient is a 63 year old male who was injured on 03/03/2001. The mechanism of injury is unknown. Prior medication history included Norco, Butrans patches and Clonidine. Toxicology report dated 03/19/2014 revealed inconsistent results. The medications that were indicated are Alprazolam, Norco, Pregabalin, Butrans, and lisinopril. Butrans and Alprazolam were not detected. Progress report dated 07/01/2014 indicates the patient presented for follow-up and medication refill. He rated his pain with medications is a 7/10 and without medications, his pain is an 8-9/10. The patient was noted to be suicidal. On exam, straight leg raise is at 60 degrees on the left and 45 degrees on the right. Deep tendon reflexes are 2+ and there are tight spasms in the upper and lower back. The patient is diagnosed with chronic low back pain, failed back surgery, and opioid dependency. The patient's medications were refilled which included Pristiq 100 mg, Alprazolam 5 mg, Divalproex 250 mg, Seroquel 50 mg, and Lyrica 225 mg. Prior utilization review dated 07/14/2014 states the requests for Seroquil 50 mg #60; Divalproex 250mg #60; Alprazolam 0.5 mg #30 are denied as medical necessity has not been established; however, due to the nature of these drugs, one month supply is certified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquil 50 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/seroquel.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Seroquel Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/seroquel.html>

Decision rationale: CA MTUS is silent regarding the request. The guidelines recommend Seroquel as an option for adjunctive therapy to antidepressants in treating depression or for certain psychiatric diseases with psychosis. Many of the clinical documents were handwritten and illegible. It does appear the patient has a history of depression but it is unclear if he is on other antidepressants. Several of the patient's other medications have recently been denied. The Divalproex and alprazolam below are being denied. Stopping multiple psychiatric medications simultaneously can be very dangerous and should be tapered slowly while the patient is being closely monitored. Although the use of Seroquel in this patient does not appear to fit within the guidelines, Seroquel should be continued until the patient has been successfully weaned from the Xanax and Divalproex. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Divalproex 250mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Divalproex;AntiEpileptic, Anti Convulsant Page(s): 26; 16-22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/divalproex.html>

Decision rationale: The guidelines recommend Depakote for treatment of bipolar disorder, epilepsy, and migraine prevention. Many of the clinical documents were handwritten and illegible. It is not clear from the documents provided what diagnosis the patient is taking Depakote for. It is unclear from the documents provided if the medication is having the desired effects. Several of the patient's other medications have recently been denied. The Divalproex and Alprazolam below are being denied. Stopping multiple psychiatric medications simultaneously can be very dangerous and should be tapered slowly while the patient is being closely monitored. Depakote should not be stopped suddenly and should be tapered by the treating physician. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Alprazolam 0.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 22.

Decision rationale: The guidelines do not recommend Xanax for long-term use due to risk of tolerance and dependence. In general, the guidelines do not recommend treatment with Xanax for longer than 4-6 weeks. It is not clear from the documents provided what diagnosis the patient is taking Xanax for. It is unclear from the documents provided if the medication is having the desired effects. Several of the patient's other medications have recently been denied. The Divalproex and alprazolam below are being denied. Stopping multiple psychiatric medications simultaneously can be very dangerous and should be tapered slowly while the patient is being closely monitored. Xanax should not be stopped suddenly and should be tapered by the treating physician. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.