

Case Number:	CM14-0127272		
Date Assigned:	08/15/2014	Date of Injury:	04/11/2010
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
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 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:

Injured worker is a 44 year old female with date of injury 04/11 /2010. Date of the UR decision was 07/22/2014. Mechanism of injury was not documented. Per report dated 5/13/2014, the injured worker presented with subjective complaints of depression, changes in weight, pessimism, changes in appetite, decreased energy, diminished self-esteem, sleep disturbance, agitation, lack of motivation, difficulty thinking, emptiness and inadequacy and weight gain. She also reported improvement in symptoms and functions, to include better concentration, less time in bed, increased motivation, less fatigue, less irritable, less depressed, less angry, and less nervousness. The objective behaviors observed per the report were depression facial expressions, visible anxiety and tearful. She was diagnosed with Depressive Disorder Not Otherwise Specified with anxiety and Psychological Factors Affecting Medical Condition. She was prescribed Cymbalta 30 mg twice daily for depression, Xanax 0.5 mg twice daily as needed and Seroquel 50 mg at bedtime as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (30mg, 1-tablet twice daily for depression): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: MTUS recommends "Duloxetine (Cymbalta) as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) "The request for Cymbalta (30mg, 1-tablet twice daily for depression) unspecified quantity is not medically necessary.

Xanax (0.5mg, 1-tablet twice daily as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

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 request for Xanax (0.5mg, 1-tablet twice daily as needed), unspecified quantity is not medically necessary.

Seroquel (50mg, 1-tablet daily prior to sleep): 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), Treatment Index, 11th Edition (web), 2013, Mental & Stress, Quetiapine (Seroquel)

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>, < Quetiapine (Seroquel)

Decision rationale: Seroquel has FDA-approved indications for schizophrenia and bipolar disorder. There is no indication for use of Seroquel for the injured worker based on the documentation available. It appears that the use of Seroquel in this case is off label for sleep. The request for Seroquel (50mg, 1-tablet daily prior to sleep) is not medically necessary