

<b>Case Number:</b>	CM14-0166106		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 claimant is a 58 year old male who sustained a work injury on 6-5-02. The medical records were reviewed. The claimant has a diagnosis of lumbar radiculopathy, spinal/lumbar degenerative disc disease, mood disorder, cervical spine. The claimant is status post cervical laminectomy. Office visit on 9-10-14 notes the claimant reports more suicidal ideation. He had been unable to obtain Norco and Gabapentin. Without Gabapentin he was unable to sleep until 4 am. He was using Sertraline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 150mg with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Mental Chapter - Anti Depressants

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Additionally, the mental health

chapter notes that anti-depressants are recommended, although not generally as a stand-alone treatment. Anti-depressants have been found to be useful in treating depression (Furukawa, 2002) (Joffe, 1996), including depression in physically ill patients (Gill, 1999). This claimant has chronic neck and low back pain, post laminectomy cervical syndrome. He also has suicidal ideation. Current literature supports the use of this type of medication. Therefore, the medical necessity of this request is established as reasonable and indicated.

**Quetiapine 300mg #30 with 3 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- Atypical antipsychotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter - Atypical Anti-Psychotics; Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

**Decision rationale:** US National Library of Medicine notes that Quetiapine tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, Quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other medications to treat depression. Quetiapine tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. Official Disability Guidelines notes that atypical anti-psychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in the Official Disability Guidelines. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Therefore, this request is not medically necessary.

**Clonazepam 2mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Benzodiazepines

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines reflect that 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. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the medical necessity of this request is not established.

**Gabapentin 300mg #160 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Anti Epileptics

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that he has neuropathy or quantifiable functional improvement with this medication. Therefore, the medical necessity of this request is not established.