

<b>Case Number:</b>	CM14-0211715		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male who reported an injury on 03/20/2009. The mechanism of injury was not stated. The current diagnoses include panic disorder, agoraphobia, and chronic pain. The injured worker presented on 10/06/2014 with complaints of anxiety, insomnia, heart palpitations, shortness of breath, restless leg syndrome, and hypertension. There were no physical examination findings provided. There was no psychological examination provided. The current medication regimen includes Valium 10 mg, Catapres 0.2 mg patch, Toprol XL 50 mg, and Mirapex 0.5 mg. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #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 - TWC, Mental Illness & Stress Procedure Summary (updated 10/23/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommend long term use of benzodiazepines. Long term efficacy is unproven, and there is a risk of dependence. The injured worker has utilized Valium for an unknown duration. The California MTUS Guidelines do not recommend long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Paxil 30mg #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 - TWC, Mental Illness & Stress Procedure Summary (updated 10/23/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** The California MTUS Guidelines state that it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. There is a lack of documentation regarding subjective and/or functional benefits with the use of Paxil for this injured worker. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Mirapex 0.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Restless legs syndrome (RLS)

**Decision rationale:** The Official Disability Guidelines state Mirapex is not considered first line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema. There is a lack of documentation regarding the diagnostic criteria for restless leg syndrome, and the objective functional effects the medication has on the symptoms. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Seroquel 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Atypical antipsychotics

**Decision rationale:** The Official Disability Guidelines state that Seroquel is considered an atypical antipsychotic and they are not recommended as first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. There is a lack of documentation of objective functional benefit with the use of Seroquel. There is a lack of documentation regarding an attempt and fail of first line antipsychotic. There is also no frequency listed in the request. As such, the request is not medically appropriate.