

Case Number:	CM14-0216072		
Date Assigned:	01/06/2015	Date of Injury:	11/19/2010
Decision Date:	03/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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 was a 32 year old male, who was injured on the job, November 19, 2010. The injured worker was diagnosed with cervicalgia, cervical spine disc displacement, lumbar disc displacement and degenerative disc disease of L3-S1, Schmorl's node L5-S1, low back pain, radiculopathy lumbar spine, right hip strain, anxiety disorder, unspecified mood disorder and nonorganic sleep disorder. According to the progress report of August 22, 2014, the injured worker complains of an achy neck. The pain was mild to moderate, be 5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker describes the pain as sharp, stabbing in the low back with muscle spasms, rating pain 8 out of 10. The injured worker also complains of right hip pain and spasms, rating pain 3-4 out of 10. The pain was aggravated by squatting, kneeling, ascending and descending stairs, arising from a sitting position and any prolonged positioning including weight baring, standing and walking. The pain was relieved by activity restrictions and pain medication. The injured worker was feeling anxious, stressed and depressed due to the inability to work and perform the normal day to day tasks of living. The injured worker had cervical flexion on 20 degrees, extension of 35 degrees, left rotation 45 degrees, right rotation 65 degrees, left lateral flexion of 30 degrees and right 40 degrees. The lumbar spine flexion of 25 degrees, extension 15 degrees, left lateral Bending 10 and right 15. According to the progress note of the injured worker has tried physical therapy, acupuncture, pain medication, epidural injections and anti-inflammatory drugs for pain relief. According to the progress note of October 15, 2014, the injured worker was seeing a psychiatrist. However, no psychiatric documentation was submitted for review to support the injured worker was using diazepam or Seroquel. On

November 26 2014, the UR denied authorization for Diazepam and Seroquel prescriptions. The denial diazepam was based on the MTUS guidelines for Chronic Pain. The denial for Seroquel was based on the ODG guidelines for Seroquel as not being used as a first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 MG #150: Upheld

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

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

Decision rationale: The request for diazepam 5 MG #150 is not medically necessary. California MTUS Guidelines state 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 the use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long term use may actually increase anxiety. More appropriate treatment for anxiety disorder is an antidepressant. No information on treatment history and length of time the injured worker has been prescribed diazepam. There is no documentation of the provider's intention to treat the patient with diazepam over a short course of therapy. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Seroquel 25 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Atypical Antipsychotics.

Decision rationale: The request for Seroquel 25 MG #30 is not medically necessary. The Official Disability Guidelines state that atypical antipsychotics are not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics such as risperidone, quetiapine, and Seroquel for conditions covered in ODG. There should be documentation of objective and subjective findings for which Seroquel is indicated for such as treatment of schizophrenia in adults or acute treatment of manic episodes associated with bipolar disorder, or as an adjunct to lithium or divalproex sodium in adults and pediatric patients 10 to 17 years of age. The guidelines do not support adding atypical antipsychotics to an antidepressant as a first line treatment in the management of mental conditions. The documentation submitted for review lacked evidence of the injured worker with a diagnosis

congruent with the guideline recommendations for an atypical antipsychotic such as Seroquel.
As such, medical necessity has not been established.