

Case Number:	CM15-0009709		
Date Assigned:	01/27/2015	Date of Injury:	12/01/2001
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old female with an industrial injury dated 12/01/2001. Her diagnoses include unspecified migraine, chronic neck pain, vocal cord paralysis, neck sprain/strain, cervical degenerative disc disease, and depressive disorder. Recent diagnostic testing has included a MRI of the cervical spine (04/04/2014) showing multi-level disc protrusions, disc bulging, and stenosis. She has received long term treatment with multiple medications. Other treatments have included conservative care, previous cervical spine surgery, and vocal cord surgery. In a progress note dated 12/03/2014, the treating physician reports chronic neck pain and vocal cord paralysis, despite treatment. The objective examination revealed diffuse mild tenderness in the cervical spine and bilateral shoulders extending into the upper arms, mid back pain with moderate tenderness to palpation, multiple severe trigger points, restricted cervical range of motion, and restricted range of motion in the upper extremities. The treating physician is requesting multiple medications with refills which were modified by the utilization review. On 01/07/2015, Utilization Review modified a prescription for Soma 350mg #90 with 3 refills to the approval of Soma 350mg #90 with no refills, noting a follow-up exam in one month for the evaluation of continued use. The MTUS Guidelines were cited. On 01/07/2015, Utilization Review non-certified a prescription for Valium 10mg #30 with 3 refills to the approval of Valium 10mg #30 with no refills, noting a follow-up exam in one month for the evaluation of continued use. The MTUS Guidelines were cited. On 01/07/2015, Utilization Review non-certified a prescription for Seroquel 25mg #120 with 3 refills to the approval of Seroquel 25mg #120 with no refills, noting a follow-up exam in one month for the evaluation of

continued use. Non-MTUS Guidelines were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of Soma 350mg #90 with 3 refills, Valium 10mg #30 with 3 refills, and Seroquel 25mg #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or exacerbation of neck pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #90 with 3 refills is not medically necessary.

Valium #30 with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient have insomnia. Therefore, the prescription of Valium (Diazepam) #30 with 3 refills is not medically necessary.

Seroquel 25mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse. Official Disability Guidelines: Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atypical antipsychotics.
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>

Decision rationale: According to ODG guidelines, atypical antipsychotics such as (Seroquel) “ Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)”. There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of patient's condition. The provider should give more rationale for the use of Seroquel for the treatment of the patient depression. A comprehensive psychiatric evaluation may be needed to evaluate the patient condition and her medication needs. Therefore, the request for Seroquel treatment is not medically.