

<b>Case Number:</b>	CM15-0016968		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/30/1998
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California  
 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 58 year old female who sustained an industrial injury on 6/30/98 involving her left shoulder and left upper extremity. Current symptomatology was not noted. Medications pertaining to the injury include Nexium. Diagnoses include fibromyalgia; diabetes; orthopedic, psychiatric, cervicogenic headaches and chronic pain issues. There were no treatments besides medication listed. There were no psychiatric or orthopedic evaluations available. On 1/6/15 Utilization review non-certified the requests for Provigil 100 mg # 30 2 refills; Lexapro 10 mg # 60, 2 refills and Seroquel 100 mg # 30, 2 refills citing MTUS; ODG: Pain Chapter; MTUS: Chronic Pain Medical Treatment Guidelines and ODG: Pain Chapter and ODG: Mental Illness and Stress Chapter respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provigil 100mg #30, refills 2:** 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), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Pain (chronic)' and topic 'Armodafinil (Nuvigil)'

**Decision rationale:** The patient presents with depression, excessive worry, restlessness, jumpiness, tension, disturbing memories, difficulty thinking, pressure, palpitations and nausea. The request is for PROVIGIL 100 MG # 30 REFILLS 2. Per 05/21/14 progress report, patient's diagnosis include breast cancer survivor, diabetes type 2. history of myalgia, proteinuria, duodenitis, irritable bowel syndrome, vascular headaches, hypertensive cardiovascular disease, orthopedic diagnoses and psychiatric diagnoses, deferred. Per 03/05/14 progress report, patient's medications include Nexium, Celebrex and Zestril. Patient is permanent and stationary. ODG Guidelines, chapter 'Pain (chronic)' and topic 'Armodafinil (Nuvigil)', have the following regarding Provigil (Modafinil): "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. Treater has not provided a reason for the request. There progress reports do not discuss the purpose of this medication. ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and none of these conditions are documented in the progress reports. Therefore, the request IS NOT medically necessary.

**Lexapro 10mg #60, refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines, Mental Illness and Stress Chapter and Escitalopram

**Decision rationale:** The patient presents with depression, excessive worry, restlessness, jumpiness, tension, disturbing memories, difficulty thinking, pressure, palpitations and nausea. The request is for LEXAPRO 10 MG # 60 REFILLS 2. Per 05/21/14 progress report, patient's diagnosis include breast cancer survivor, diabetes type 2. history of myalgia, proteinuria, duodenitis, irritable bowel syndrome, vascular headaches, hypertensive cardiovascular disease, orthopedic diagnoses and psychiatric diagnoses, deferred. Per 03/05/14 progress report, patient's medications include Nexium, Celebrex and Zestril. Patient is permanent and stationary. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The request is for Lexapro 10 mg #60 with two refills. UR letter dated 01/06/15 has modified the request to #60 with no refills, stating that there is no indication of how

long the patient has been on this medication, if there is functional improvement directly related to medication intake, compliance monitoring, or a long-term treatment plan that would include future possible tapering and/or discontinuation. Per 03/05/14 progress report, the patient has a lot of pain in the left shoulder and left upper extremity. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Lexapro has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro IS NOT medically necessary.

**Seroquel 100mg #30, refills 2:** 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), Mental Illness and Stress Chapter, Atypical antipsychotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress chapter and Atypical Antipsychotics

**Decision rationale:** The patient presents with depression, excessive worry, restlessness, jumpiness, tension, disturbing memories, difficulty thinking, pressure, palpitations and nausea. The request is for SEROQUEL 100 MG # 30 REFILLS 2. Per 05/21/14 progress report, patient's diagnosis include breast cancer survivor, diabetes type 2. history of myalgia, proteinuria, duodenitis, irritable bowel syndrome, vascular headaches, hypertensive cardiovascular disease, orthopedic diagnoses and psychiatric diagnoses, deferred. Per 03/05/14 progress report, patient's medications include Nexium, Celebrex and Zestril. Patient is permanent and stationary. ODG guidelines, under the Mental Illness and Stress chapter and Atypical Antipsychotics section indicates the following: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." The guidelines goes on and states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." The medical reports provided do not provide any discussion regarding Seroquel. It is unknown when the patient began taking this medication and if she is taking it on a short-term basis, as required by ODG guidelines. In addition, there is no documentation of other first-line treatments the patient has had prior to Seroquel. Therefore, the requested Seroquel IS NOT medically necessary.