

Case Number:	CM15-0018199		
Date Assigned:	02/06/2015	Date of Injury:	05/05/2006
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 37 year old male who sustained a cumulative industrial stress injury to the psyche on May 5, 2006. The injured worker was diagnosed with Depressive Disorder, Anxiety and Sleep Disorder. According to the primary treating physician's progress report on December 5, 2014 the injured worker was evaluated for medication management for persistent symptoms of depression, anxiety and stress related medical complaints. Current medications consist of Seroquel, Cymbalta, Trazadone and Lyrica. Treatment modalities consist of Cognitive Behavioral Therapy (CBT), Biofeedback Sessions and medication. The treating physician requested authorization for Temazepam 30mg #30 with two refills; Lyrica 50mg #60 with two refills; Seroquel 300mg #30 with two refills. On January 2, 2015 the Utilization Review denied certification for Temazepam 30mg #30 with two refills and Seroquel 300mg #30 with two refills. On January 2, 2015 the Utilization Review modified the certification for Lyrica 50mg #60 with two refills to Lyrica 50mg #60 with one refill. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 with two 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 (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 26.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of insomnia or anxiety in the provided documentation. For this reason the request is not certified.

Lyrica 50mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and 402, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: The California MTUS section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. The patient does not have a diagnosis of diabetic neuropathy or post herpetic neuralgia. Therefore the medication is not indicated and the request is not certified.

Seroquel 300mg #30 with two 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 (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation physician desk reference

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the Physician Desk Reference, the requested medication is used in the treatment of depression. The patient has the diagnosis of depression. Therefore the medication is indicated and the request is certified.