

<b>Case Number:</b>	CM15-0114341		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 31 year old female, who sustained an industrial injury on 5/16/2014. She reported being trapped in an elevator for 2 hours, resulting in depression, anxiety, and sleep disorder. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, panic disorder without agoraphobia, generalized anxiety disorder, and psychological factors affecting a medical condition. Treatment to date has included diagnostics, sleep study, mental health treatment, and medications. A previous history with mental health treatment was noted. Currently, the injured worker complains of depression, difficulty with sleep, difficulty thinking, excessive worry, tension, panic attacks, shaking, shortness of breath, disturbing memories, altered perception, tension headaches, muscle tension, and peptic acid reaction. Improvement noted included comprehending television and less time in bed. Behavior was confused, anxious, and withdrawn, with depressed facial expressions. She was not working. The treatment plan included continued medications for sleep and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cerefolin #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain/ Vitamin B.

**Decision rationale:** Cerefolin Formulations: L-methylfolate (Metafolin) 5.6mg, methylcobalamin 2mg, N-acetylcysteine 600mg; caplets; sugar, lactose, yeast, and gluten-free. Per the manufacturer, it is indicated for use in Alzheimer's dementia. Vitamin B and B complex: Not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. Per ODG, "Thiamine: There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) megaloblastic anemia; (8) vitamin B12 (various cobalamins) pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. Treatment of vitamin B12 deficiency is generally parenteral. Vitamin B Complex contains the above 8 vitamins plus para-aminobenzoic acid, inositol, and choline. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful." The request for another three month supply i.e. Cerefolin #30 with 2 refills is excessive and not medically necessary as there is no mention of objective functional improvement with ongoing use.

**Temazepam 30mg #30 with 2 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 and Stress, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Temazepam 30 mg at bedtime on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another three month supply i.e. Temazepam 30mg #30 with 2 refill is excessive and not medically necessary as guidelines suggest that the use of benzodiazepines should be limited to 4 weeks.

**Seroquel 50mg #30 with 2 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), Quetiapine (Seroquel).

**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/Atypical Anti-psychotics, Quetiapine (Seroquel).

**Decision rationale:** ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Anti-psychotic 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 anti-psychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical anti-psychotics 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." The request for Seroquel 50mg #30 with 2 refills is excessive and not medically necessary as there is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Also, the use of Seroquel seems to be off label and thus is not clinically indicated.

**Xanax 0.5mg #30 with 2 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 and Stress, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax 0.5 mg daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another three month supply i.e. Xanax 0.5mg #30 with 2 refills is excessive and not medically necessary as guidelines suggest that the use of benzodiazepines should be limited to 4 weeks.