

Case Number:	CM15-0116108		
Date Assigned:	06/24/2015	Date of Injury:	02/13/2006
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 51 year old male who sustained an industrial injury on 2/13/2006. The mechanism of injury is not detailed. Diagnosis is recurrent major depressive disorder. Treatments have included medications, cognitive behavior therapy, and surgical intervention. He has a history of fall with loss of consciousness. Pain management on 05/14/15 indicated that he takes up to 30mg of Hydrocodone, Diazepam up to 10mg at HS, Dilaudid up to 60mg per day, and Gabapentin up to 900mg per day. Psychiatry notes of 5/20/2015 show increased pain since neck surgery, episodic crying, poor concentration, feelings of hopelessness, not caring if he lives or dies, feelings of guilt, poor sleep, inability to enjoy things, and he is wheelchair bound. He reported frustration that most of his medications are not being filled, and that he did not get relief with them. [REDACTED] provided samples of Brintellix. His Seroquel had been increased to 200mg the previous month, and Klonopin to TID as needed. Trazodone was discontinued and Restoril 30mg was started. On 05/26/15 progress notes showed that he had suffered another fall, he had weakness in the lower extremities with neuropathy, and continued to receive PT. On 05/27/15 pain management noted that the patient alternated between Norco and Dilaudid for pain relief. His pain rating was 5-8/10. He has been on Seroquel and other benzodiazepines, including Diazepam, since at least 01/2015. Recommendations include stop Trazadone, start Restoril, continue Brintellix, increase Seroquel, and continue Klonopin. UR of 06/03/15 noncertified Restoril, and partially this request for Seroquel 200mg to #30 due to no quantity requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Restoril 30mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic, Insomnia treatment (2015).

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

Decision rationale: The patient has been on benzodiazepines since at least 01/2015, is on high doses of multiple opioid pain medications, and has a history of multiple falls, including loss of consciousness. He has lower extremity weakness with neuropathy. He has so far obtained little relief for his poor sleep with benzodiazepines. Adding an additional benzodiazepine is contraindicated given the above conditions and beyond recommended guidelines. Therefore Restoril is not medically necessary.

1 prescription of Seroquel XR 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Quetiapine (Seroquel) (2015).

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

Decision rationale: The patient suffers from major depressive disorder. Atypical antipsychotics such as Seroquel XR are often added to augment antidepressants, stabilize mood, and treat insomnia, and would be considered medically necessary. However, no quantity was requested. This request is therefore not medically necessary.