

<b>Case Number:</b>	CM15-0116683		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 30 year old female, who sustained an industrial injury on 5/30/14. She has reported initial complaints of a physical assault with a head injury. The diagnoses have included depression and generalized anxiety disorder. Treatment to date has included medications, activity modifications, acupuncture, diagnostics, other modalities and psychiatric care. Currently, as per the physician progress note dated 5/5/15, the injured worker is seen for persistent symptoms of depression, anxiety and stress related complaints from an industrial stress injury to the psyche. The injured worker complains of depression, difficulty getting to sleep, difficulty sleeping, emptiness and inadequacy, excessive worry, restlessness, agitation, panic attacks, chest pain, palpitations, nausea, shortness of breath, reliving of trauma, intrusive recollections, tension headache, vomiting, abdominal pain and constipation. She reports that with her medications she can concentrate better, sleep better, has decreased headaches and spends less time in bed. The physical exam reveals depressed facial expressions, visible anxiety and emotional withdrawal. The current medications included Paxil, Buspar, Alprazolam and Seroquel. There is no previous urine drug screen noted in the records. The physician requested treatments included Seroquel 50mg one BID EC with 2 refills and Alprazolam 0.5mg one BID PRN with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50mg, one BID EC 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), Online Version, Mental Illness & Stress, Atypical Antipsychotics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, page 514-516, ODG, Pain, Chronic pain programs, opioids, page 692-696 and Other Medical Treatment Guidelines [www.drugs.com](http://www.drugs.com) Quetiapine (Seroquel) Treats schizophrenia and symptoms of bipolar disorder (manic-depressive illness).

**Decision rationale:** Seroquel is a Serotonin Dopamine Receptor Antagonist, indicated in the treatment of acute bipolar mania and schizophrenia. This antipsychotic may be prescribed for psychological disorders such as severe major depression with functional limitation from chronic pain, however, none diagnosed or documented for this stress related injury. Submitted reports have not adequately provided documentation of failed first-line treatment for any psychological disorder, specific objective clinical findings identified; functional improvement from treatment rendered, nor demonstrated extenuating circumstances or sufficient evidence outside guidelines criteria for the treatment of this atypical anti-psychotic. The Seroquel 50mg, one BID EC with 2 refills is not medically necessary or appropriate.

**Alprazolam 0.5mg, one BID PRN with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam 0.5mg, one BID PRN with 2 refills is not medically necessary or appropriate.