

Case Number:	CM15-0117690		
Date Assigned:	06/26/2015	Date of Injury:	11/09/2011
Decision Date:	08/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on November 9, 2011 while working as a custodian. The mechanism of injury was a slip and fall in which the injured worker sustained injuries to the right arm and elbow. The diagnoses have included bilateral medial and lateral epicondylitis of the elbows, probable bilateral carpal tunnel syndrome, probable lumbar radiculopathy, depressive disorder not otherwise specified with anxiety and psychological factors affecting medical condition. Treatment to date has included medications, radiological studies, physical therapy, interferential therapy, cortisone injection, chiropractic treatments and psychological evaluations and testing. Current documentation dated May 22, 2015 notes that the injured worker was evaluated for persistent symptoms of depression, anxiety and stress-related medical complaints. Symptoms included depression, changes in appetite, lack of motivation, difficulty getting to sleep, difficulty thinking, diminished self-esteem, emptiness and inadequacy. The injured worker was also noted to have tension headaches and muscle tension. Physical examination revealed visible anxiety, depressed facial expressions and the injured worker was noted to be soft spoken. The treating physician's plan of care included a request for Seroquel XR 50 mg # 30 with 2 refills and Prosom 2 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 50mg #30 with two (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 & Stress, Online Version - Atypical antipsychotics.

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 and Stress section, Atypical antipsychotics.

Decision rationale: The Official Disability Guidelines state that Seroquel XR is not recommended as a first-line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent and there is abundant evidence of potential treatment-related harm. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep and there is no good evidence to support this. In this case the injured worker was noted to have a history of anxiety and depression with difficulty falling asleep. The injured worker had been noted to be taking this medication since at least January 17, 2013. There is lack of adequate documentation to support the use of this atypical antipsychotic in the injured worker, there is no documentation showing that the injured worker has trialed and failed all other first line recommended antidepressants. Therefore, the request for Seroquel XR 50 mg # 30 with 2 refills is not medically necessary.

Prosom 2mg #30 with two (2) refills: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines 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 anti-convulsant and muscle relaxant effects occurs within weeks. In this case there is lack of documentation of ongoing functional benefit or the need for the chronic use of a benzodiazepine. The injured worker was noted to be on this medication since at least January 17, 2013. This medication is not recommended for long term use, therefore, the request for Prosom 2 mg # 30 with 2 refills if not medically necessary