

<b>Case Number:</b>	CM15-0122166		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 54-year-old female, who sustained an industrial injury on 2/16/2010. She reported hitting her right hand and pulling her right arm. Diagnoses have included psychological factors affecting medical condition; major depressive disorder single episode unspecified and generalized anxiety disorder. Treatment to date has included medication. According to the report on medication management dated 5/12/2015, the injured worker complained of depression, anxiety and stress. Objective findings revealed depressed facial expressions and visible anxiety. She reported being able to concentrate better and sleep better. Authorization was requested for Seroquel, Alprazolam and Buspar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Quetiapine (Seroquel), Atypical antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, seroquel.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of major depression, bipolar disorder and bipolar depression. The patient has the diagnosis of major depression per the provided clinical documentation with no contraindications to the medication. Therefore, the request is medically necessary.

**Alprazolam 0.5mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Benzodiazepine.

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

**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 anxiety in the provided documentation. For this reason, the request is not medically necessary.

**Buspar 10mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, buspar.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a first line treatment for generalized anxiety disorder. The patient has this diagnosis per the provided documentation with no contraindications to taking the medication. Therefore, the request is medically necessary.