MAXIMUS Federal Services

| Case Number: | CM15-0170318 | | |
|---|---|---|---|
| Date Assigned: | 09/14/2015 | Date of Injury: | 08/15/2011 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

## 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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 60 year old female, who sustained an industrial injury on 8-15-2011. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include major depressive disorder, generalized anxiety disorder, and adjustment disorder. Currently, she complained of no change in depression and reported, "can't stop stressing". Current medications documented included Seroquel, Zoloft, Clonidine, Neurontin and Wellbutrin and medical records indicated these medications had been prescribed since at least December 2014. On 4-9-15, the physical examination documented the injured worker was dysphoric, appropriate in attitude, speech, thought content and perception of reality. The plan of care included continuation of previously prescribed medications. The appeal requested authorization of Seroquel XR 50mg #30 with one refill; Sertraline (Zoloft) 50mg #30 with one refill; Clonidine 0.1mg #90 with one refill; Neurontin 300mg; and Wellbutrin 75mg. The Utilization Review dated 7-28-15, denied the request indicating there was limited clinical information available to support medical necessity per California MTUS and-or ODG Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel XR 50mg #30 Refills 1:** Overturned

**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 - Quetiapine (Seroquel).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that psychiatric medications can be utilized for the treatment of significant psychosomatic disorders associated with chronic pain syndrome. The presence of poorly controlled psychiatric disorders is associated with decreased efficacy and compliance to pain treatment measures as well as increased incidence of diversion, medication abuse, addiction disorders and adverse medications effects. The records indicate the presence of significant psychiatric conditions including anxiety, depression and severe stress. The patient was noted to be compliant with medications management. There was no adverse medication effect reported. The request for the use of Seroquel XR 50mg #30 Refill 1 is medically necessary.

**Sertraline (Zoloft) 50mg #30 Refills 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that psychiatric medications can be utilized for the treatment of significant psychosomatic disorders associated with chronic pain syndrome. The presence of poorly controlled psychiatric disorders is associated with decreased efficacy and compliance to pain treatment measures as well as increased incidence of diversion, medication abuse, addiction disorders and adverse medications effects. The records indicate the presence of significant psychiatric conditions including anxiety, depression and severe stress. The patient was noted to be compliant with medications management. There was no adverse medication effect reported. The request for the use of Sertraline (Zoloft) 50mg #30 Refill 1 is medically necessary.

**Clonidine 0.1mg #90 Refills 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug summary - Catapres (http://www.pdr.net/drug-summary/catapres?druglabelid=1744).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Clonidine.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that psychiatric medications can be utilized for the treatment of significant psychosomatic disorders associated with chronic pain syndrome. The presence of poorly controlled psychiatric disorders is associated with decreased efficacy and compliance to pain treatment measures as well as increased incidence of diversion, medication abuse, addiction disorders and adverse medications effects. The use of clonidine is associated with analgesia and reduction in analgesic medication requirements. The records indicate the presence of significant psychiatric conditions including anxiety, depression and severe stress. The patient was noted to be compliant with medications management. There was no adverse medication effect reported. The request for the use of Clonidine 0.1mg #90 Refill 1 is medically necessary.

**Neurontin 300mg (unspecified quantity):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medication scan be utilized for the treatment of neuropathic and chronic pain syndrome. The use of anticonvulsants is associated with improved analgesia, mood stabilization and reduction in analgesic requirements. The records indicate that the patient is compliant with utilization of Neurontin. There is documentation of efficacy and functional restoration. The patient did not report adverse medication effect. The request for the use of Neurontin 300mg is medically necessary.

**Wellbutrin 75mg (unspecified quantity):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that psychiatric medications can be utilized for the treatment of significant psychosomatic disorders associated

with chronic pain syndrome. The presence of poorly controlled psychiatric disorders is associated with decreased efficacy and compliance to pain treatment measures as well as increased incidence of diversion, medication abuse, addiction disorders and adverse medications effects. The use of Wellbutrin is associated with improvement of analgesia, opioid sparing effect and reduction of analgesic utilization. The records indicate the presence of significant psychiatric conditions including anxiety, depression and severe stress. The patient was noted to be compliant with medications management. There was no adverse medication effect reported. The request for the use of Wellbutrin 75mg is medically necessary.