

<b>Case Number:</b>	CM15-0171959		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: 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 73 year old female, who sustained an industrial injury on 9-22-2008. Diagnoses include lumbar spondylosis, lumbar degenerative disc disease, lumbar failed back syndrome and lumbar facet arthropathy. Treatment to date has included surgical intervention (anterior interbody lumbar fusion, 6-2010), bilateral lumbar medial branch blocks (4-30-2015), radiofrequency ablation (5-27-2015 and 6-10-2015), acupuncture, yoga, diagnostics and medications. Medications as of 8-04-2015 include Percocet, Seroquel and Lamictal. Per the Primary Treating Physician's Progress Report dated 8-03-2015, the injured worker reported good relief from rhizotomies and is hoping to be able to have more in the future. Objective findings included back motion of 70 degrees with decreased reversal and transitions with moderate difficulty. Per the medical records dated 4-13-2015 her low back pain was rated as 9 out of 10 in severity, worse on the right. On 6-15-2015 her low back pain was rated as 4-5 out of 10. On 7-01-15 she rated her pain as at least 7 out of 10, and at its worst, 10 out of 10. The plan of care included medication management. On 8-17-2015, Utilization Review modified a request for Seroquel 25mg #30, Lamictal 25mg #60 and Duloxetine 30mg #60 (DOS 8-04-2015) for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Seroquel 25 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter/Quetiapine (Seroquel).

**Decision rationale:** According to ODG, Quetiapine (Seroquel) is not recommended as a first-line treatment. Per ODG, 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. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. 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. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were Aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and Risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013) Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. A population-based study examining medical records for nearly 200,000 adults showed that those who received a prescription for quetiapine (Seroquel), Risperidone (Risperdal), or olanzapine had an almost 2-fold increased risk for hospitalization for AKI within the next 90 days vs those who did not receive these prescriptions. In addition, patients who received one of these oral atypical antipsychotics had increased risk for acute urinary retention, hypotension, and even death. (Hwang, 2014) More than half of the prescriptions for antipsychotics are prescribed to patients with no diagnosis of a serious mental illness. They are more likely to be prescribed to older people, who may be more sensitive to adverse effects such as movement disorders and cardiometabolic risk. Providers should use caution concerning the use of antipsychotics for patients who do not have a diagnosis of psychosis, since the drugs are associated with serious adverse effects, including extrapyramidal symptoms with first-generation antipsychotics and weight gain and lipid/glucose deregulation with second-generation agents. Moreover, antipsychotics may be linked to increased rates of stroke and all-cause mortality in patients with dementia. (Marston, 2014) As noted per evidence based guidelines, this medication is not supported. The request for Retro Seroquel 25 mg #30 with 1 refill is not medically necessary and appropriate.

**Retro Lamictal 25 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS guidelines, Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. In this case, the injured worker is being prescribed gabapentin which is considered first line anti-epileptic in the treatment of neuropathic pain. The medical records do not establish the medical necessity of a second anti-epileptic. In addition, Lamictal is not considered as a first line treatment. The request for Retro Lamictal 25 mg #60 is not medically necessary and appropriate.

**Retro Duloxetine 30 mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** According to the MTUS guideline's with regards to antidepressants for chronic pain, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; used off-label for neuropathic pain and radiculopathy. Cymbalta is considered first line treatment for chronic pain and depression. Efficacy is noted with this medication. The request for Retro Duloxetine 30 mg #60 is medically necessary and appropriate.