

Case Number:	CM15-0172357		
Date Assigned:	09/14/2015	Date of Injury:	02/28/2005
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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-work injury on 2-28-05. She reported initial complaints of neck and left upper extremity pain due to cumulative injury. The injured worker was diagnosed as having brachial plexus lesions, post-cervical laminectomy syndrome, depressive-anxiety disorder, and shoulder arthralgia-joint pain. Treatment to date has included medication, diagnostics, injections, and surgery to include SCS (spinal cord stimulator) without benefit. MRI results were reported on 10-14-11 of the cervical spine that stated anterior cervical discectomy fusion from C4-6 without significant central or foraminal stenosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 5-31-12 that described abnormal medial antebrachial cutaneous sensory conduction study. Study for the left ulnar nerve pathology at the left elbow and wrist are normal. Currently, the injured worker complains of pain in the neck and left upper extremity with average pain at 6 out of 10. Medication allows to perform ADL's (activities of daily living). Medications include OxyContin, oxycodone, Neurontin, Zanaflex, Nortriptyline, Xanax, Cymbalta, Seroquel XR, and Buspirone. Per the pain management report on 8-18-15, exam notes moderate decreased range of motion of the cervical spine with pain and with shoulder range of motion on the left, aching pain down the left arm. Current plan of care includes medication and follow up for depression with psychiatry. The Request for Authorization requested service included Buspirone 10mg and Seroquel XR 300mg. The Utilization Review on 8-28-15 denied the request for Buspirone due to lack of documentation or indication that this medication provided relief of anxiety symptoms. Seroquel XR is not recommended as a first line treatment and there was no indication as to why the IW

was using it (depression, anxiety, or insomnia), per Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain and Mental Illness & Stress, Atypical antipsychotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspirone 10mg #90: 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), Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Anxiety medications in chronic pain.

Decision rationale: ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The injured worker has been diagnosed with Depressive disorder NOS, Anxiety disorder NOS. There is no detailed information regarding the nature of anxiety symptoms being experienced by her. Per guidelines, Buspar is approved for short-term relief of anxiety symptoms. The request for Buspirone 10mg #90 is not medically necessary since there is no detailed explanation of the anxiety symptoms and also the guidelines do not recommend this medication for long term use.

Seroquel XR 300mg #30: 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, 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 & Stress/Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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." The injured worker has been diagnosed with Depressive disorder NOS, Anxiety disorder NOS. The request for Seroquel XR 300mg #30 is excessive and not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. It is not recommended for Seroquel to be prescribed for depression or insomnia without trying medications such as SSRI's, SNRI's which have better tolerability.