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| <b>Case Number:</b>   | CM15-0172385 |                              |            |
| <b>Date Assigned:</b> | 09/14/2015   | <b>Date of Injury:</b>       | 08/04/2010 |
| <b>Decision Date:</b> | 10/22/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <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, 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 49 year old male, who sustained an industrial injury on 08-04-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, bilateral leg pain, depression and anxiety. Medical and psychiatric (psych) records (02-10-2015 to 07-13-2015) indicate ongoing low back pain, bilateral leg pain, poor concentration at times, headaches, and mild anxiety and depression. However, the psych progress report (PR) dated 02-10-2015 stated that the injured worker was talking loud, restless and pacing. Records also indicate no changes in activities of daily living or quality of life. Per the treating physician's PR, the IW has not returned to work. The physical exams, dated 06-12-2015 and 07-13-2015, revealed no changes in the IW's level of depression and anxiety as they are still described as mild. There continues to be reports of occasional hopelessness and helplessness, but no suicidal or homicidal ideations. Concentration was improved, and energy was decreased. There were some noted side-effects from medications in the form of decreased libido and erectile dysfunction. Relevant treatments have included acupuncture (x1 due to pain), work restrictions, and medications which include Toradol, Gralise, tramadol, Celebrex, amitriptyline, omeprazole, klonopin, Seroquel and Cymbalta (Norco since at least 2002). There were diagnostic test results (dated 03-2015 and 05-2015) in the form of urine drug screenings which were negative. The psych PR (07-13-2015) shows that the following medications were requested: Brintellix 10mg #30, klonopin 0.5mg #40, and Seroquel 100mg #150. The original utilization review (08-24-2015) denied the Brintellix 10mg #30, klonopin 0.5mg #40, and Seroquel 100mg #150 based on

Seroquel not being recommended as a first line agent, and insufficient evidence to recommend atypical anti-psychotic medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Brintellix 10mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states "MDD (major depressive disorder) treatment, severe presentations The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" The request for Brintellix 10mg #30 is medically necessary for continued treatment of the depressive symptoms.

**Klonopin 0.5mg #40:** Upheld

**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): Benzodiazepines, Weaning of Medications.

**Decision rationale:** MTUS states "Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin 0.5 mg daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Klonopin 0.5mg #40 is not medically necessary.

**Seroquel 100mg #150:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental, 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 request for Seroquel 100mg #150 is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The use of Seroquel in this case seems to be off label and thus is not clinically indicated.