

Case Number:	CM15-0179658		
Date Assigned:	09/21/2015	Date of Injury:	07/13/2009
Decision Date:	10/26/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male who sustained an industrial injury July 13, 2009. Past history included status post right carpal tunnel release with revision April 2010 and October 2012, left ulnar nerve transposition January 2012, right ulnar nerve transposition July 2011; left proximal carpectomy and status post fistulectomy 2000, gastroesophageal reflux, gout, hypertension, and sleep disturbances (unspecified). According to a treating physician's office note dated July 23, 2015, the injured worker presented for follow-up regarding bilateral upper extremity pain at his elbows and wrists. He wears braces on his left wrists constantly and guards his upper extremities. He also reported bilateral upper extremity; burning numbness and tingling in his elbows and arms. He continues to see a clinical psychologist for issues related to acknowledgement of self-worth, as he cannot do what he used to do and has returned to his baseline depression. The physician noted the combination of current medication works; docusate, Dexilant, quetiapine fumarate-Seroquel, buprenorphine, diclofenac cream, Prozac, gabapentin, omeprazole, atenolol, and hydrochlorothiazide. Objective findings included: moderately obese; no abnormalities to gait or station; and normal muscle tone upper and lower extremities. Diagnoses are unspecified major depression, recurrent episode; generalized anxiety disorder, pain psychogenic, not elsewhere classified; and bilateral carpal tunnel syndrome medial epicondylitis. At issue, is a request for authorization for buprenorphine and quetiapine fumarate - Seroquel. According to Utilization Review dated August 18, 2015, the request for diclofenac sodium 1.5% 60gm (anti-inflammatory cream) is certified. The request for floxetine-Prozac 20mg quantity: 60 are certified. The request for gabapentin tablets 600mg quantity: 120 are

certified. The request for omeprazole 20mg capsule quantity: 120 are certified. The request for quetiapine fumarate-Seroquel 25mg tablets quantity: 60 are non-certified. The request for buprenorphine 0.1 sublingual troches #30 quantity: 120 was modified to quantity: 60 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fermarate-Seroquel 25mg #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Atypical antipsychotics, Quetiapine (Seroquel)ODG Mental Illness & Stress, Atypical antipsychotics.

Decision rationale: The CA MTUS is silent concerning Seroquel, but the cited ODG states that Seroquel (Quetiapine) is not recommended a first-line treatment, and there is insufficient evidence to recommend atypical antipsychotics (e.g. Seroquel) for conditions noted with the ODG. Although Seroquel has the FDA-approval for treating bipolar disorder, it should not be used as first-line or primarily for sleep disorders. Atypical antipsychotics added to an antidepressant provides limited improvement in depressive symptoms. The ODG further states that "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." The most recent provider notes available for this injured worker from October 2, 2015, state that he is using Seroquel for sleeplessness, 25-50mg per night as needed, and he feels more rested and continued to deny any side effects. Although the doses used are much lower than that used for antipsychotic purposes, the guidelines are quite clear. Therefore, the request for Seroquel 25 mg #60 is not medically necessary and appropriate.

Buprenorphine 0.1mg sublingual troches 30pc #120: 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): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain.

Decision rationale: According to the cited CA MTUS, buprenorphine, is recommended for treatment of opiate addiction, and may also be an option in those injured workers with chronic pain. The cited ODG further states that buprenorphine may be used for chronic pain in workers that have centrally medicated pain or neuropathic pain. According to the most recent treating provider's note from October 2, 2015, the injured worker has had continued radiating neck pain into bilateral elbows and wrists, which has been improved with buprenorphine by 50% reduction in pain scale scores. He also has subjective functional improvement, an opioid pain contract, appropriate urine drug screen from May 28, 2015, current DEA CURES report

November 11, 2014, and no signs of abuse or aberrant behavior. The injured worker should continue routine follow up and weaning of opioids per guidelines. Therefore, based on the guidelines and available medical documentation, buprenorphine 0.1mg sublingual troches 30pc #120 is medically necessary and appropriate at this time.