

Case Number:	CM15-0076687		
Date Assigned:	04/28/2015	Date of Injury:	11/28/2007
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: Florida

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 49-year-old female, who sustained an industrial injury on November 28, 2007. She reported neck, back, buttock, leg and shoulder pain with associated sleep disruptions, depression, anxiety and gastrointestinal upset including nausea, vomiting and bowel disorder. The injured worker was diagnosed as having major depressive disorder. Treatment to date has included diagnostic studies, acupuncture, physical therapy, chiropractic care, epidural injections, pain management, psychological evaluation, medications and work restrictions. Currently, the injured worker complains of continued chronic pain with associated sleep disruptions, depression, anxiety and gastrointestinal upset including nausea, vomiting and bowel disorder. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain or associated symptoms. Evaluation on December 3, 2014, revealed continued pain with associated symptoms. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 58, 100.

Decision rationale: In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Alprazolam is not medically necessary.

ProSom 2mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 58, 100.

Decision rationale: In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for ProSom (Estazolam) is not medically necessary.

Seroquel 25mg quantity 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Atypical Antipsychotics.

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.

Decision rationale: MTUS guidelines do not address the use of atypical antipsychotics in the treatment of insomnia and depression. Therefore, the ODG was referenced. The ODG does not recommend atypical antipsychotics for conditions covered in the ODG. Insomnia and Depression are both conditions that are covered in the ODG. Seroquel is not a first line medication for Insomnia or Depression. There is no documentation of failure of more traditional medications for insomnia in the presented medical records. Likewise, this request is not considered medically necessary.

