

Case Number:	CM15-0093543		
Date Assigned:	05/19/2015	Date of Injury:	10/22/1982
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female, with a reported date of injury of 10/22/1982. The diagnoses include cervical myofascial pain syndrome, cervical facet arthropathy, cervical discogenic spine pain, failed cervical neck surgery syndrome, headache, chronic pain, failed back surgery syndrome, lumbar back pain, and pain disorder with both psychological factors and general medical condition. Treatments to date have included oral medications, cervical epidural steroid injection, physical therapy, psychological treatment, and an MRI of the cervical spine on 12/01/2014. The follow-up report dated 03/17/2015 indicates that the injured worker complained of ongoing neck pain, headaches, and low back pain. An examination of her cervical spine showed diffuse tenderness/spasm more on the right than the left and tenderness over the occiput more on the right than on the left. An examination of the lumbar/sacral spine showed diffuse tenderness, increased pain with extension, positive bilateral sitting straight leg raise test, a mildly antalgic gait, spasm of the bilateral lumbar spine, decreased right upper extremity strength, and decreased right upper extremity sensation to light touch. It was noted that the injured worker complained of depression, but she denied anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, or paranoia. The follow-up report dated 04/21/2015 indicates that the injured worker received 40-50% improvement of pain to her neck and upper extremities with the first cervical epidural steroid injection. She was still experiencing ongoing stiffness in the neck and shoulders, and numbness and tingling in the bilateral arms. The injured worker complained of frequent and chronic headaches daily and depression. The physical examination findings were

the same as the visit on 03/17/2015. The treating physician requested Seroquel and Valium for renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #30 refills 2: 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 & Stress Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter & Mental Illness and Stress Chapter, Atypical Anti-Psychotic Topic Other: Uptodate Online, Seroquel Entry.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address anti-psychotic medication. The ODG Mental Illness and Stress Chapter states the following regarding atypical anti-psychotics: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. 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. (Spielmans, 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)" In the case of this injured worker, there is insufficient documentation as to the efficacy and benefit of Seroquel in the treatment regimen. This medication is primarily indicated for schizophrenia and bipolar disorder, but can also be used as adjuvant therapy for depression. The patient is primarily on Lexapro. However, there are no serial assessments of depression symptoms included. The patient appears to have been on this atypical anti-psychotic long term, and a trial wean should be warranted as suggested by the UR determination. This request is not medically necessary.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 16-21.

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, it appears that this there has been at least 5 years use of this medication and this exceeds guideline recommendations. Therefore, this request is not medically necessary.