

Case Number:	CM14-0149778		
Date Assigned:	09/18/2014	Date of Injury:	01/04/1999
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who sustained an injury on 1/4/99. He complained of back and feet pain. He rated his pain at 6/10 with medications and 10/10 without medications. He reported that he couldn't perform any house or yard work. He was unable to drive and needed assistance with self-care. He also reported of asthma, nausea, constipation, insomnia, fatigue and depression. On exam, he had tenderness at cervical spine, lumbar spine, and facet joints. Urine drug screen was positive for Benzodiazepines and opiates on 5/22/14. He had complaints of depression and was placed on Seroquel and Zyprexa; however, he continued to complain of depressive symptoms. Current medications include Norco, Seroquel, Percocet, Amitiza, Mobic, Valium, Provigil, Adderall, Aciphex, OxyContin, Oxycodone, Ambien CR, and Zyprexa. Diagnoses include reflex sympathetic dystrophy of the lower limb, encounter for therapeutic drug monitoring, myalgia and myositis, unspecified; cervicgia, blood in stool, abdominal pain-other specified site, long-term use of other medications, and lumbago. There was no indication of any improvement with the use of requested medications. The request for Provigil 200 mg, QTY: 30, with 4 refills, Zyprexa 2.5 mg, QTY: with 4 refills, and Seroquel XR 150 mg, QTY: 4 refills were denied on 09/03/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg, #30 (4 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 (ODG): Online Version, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Modafinil (Provigil)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain

Decision rationale: Per ODG, Provigil (Modafinil) is approved by the FDA for the treatment of narcolepsy. It is also indicated in shift work sleep disorder. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. In this case, there is no documentation of a diagnosis of narcolepsy. Furthermore, the records indicate that the IW is on multiple medications including opioids, central nervous system stimulant, benzodiazepine, antipsychotics and sleeping medication, which in isolation or collectively, would have many adverse effects such as disturbed sleep - wakefulness cycle. There is no evidence of a thorough evaluation for the correct diagnosis of sleep disorder. Sleep hygiene should also be addressed. Moreover, reviewing the medications is essential to eliminate the iatrogenic causes of excessive sleepiness, such as polypharmacy in this case. There is no documentation of any attempt to correct these issues. Therefore, the request for Provigil 200 mg, #30, with 4 refills is not medically necessary and appropriate

Zyprexa 2.5 mg, #30 (4 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 (ODG): Integrated Treatment/Disability Duration Guidelines, Mental Illness and Stress, Olanzapine (Zyprexa)

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 and stress

Decision rationale: Per ODG, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. 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. 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 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. In this case, the IW is diagnosed with depression. It is not clear as to why this IW is prescribed two antipsychotic medications, while there is no documentation of schizophrenia or any psychotic behaviors. Therefore, the request of Zyprexa 2.5 mg, #30 (4 refills) is not medically necessary and appropriate.

Seroquel XR 150 mg, #30 (4 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 (ODG): Integrated Treatment/Disability Duration Guidelines, Mental Illness and Stress, Quetiapine (Seroquel)

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 and stress

Decision rationale: Per ODG, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. 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. 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 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. In this case, the IW is diagnosed with depression. It is not clear as to why this IW is prescribed two antipsychotic medications, while there is no documentation of schizophrenia or any psychotic behaviors. Therefore, the request of Seroquel XR 150 mg, #30 (4 refills) is not medically necessary and appropriate.