

<b>Case Number:</b>	CM13-0050426		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Family Practice, 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 patient is a 41 year old male injured on 02/07/12 when he fell resulting in a concussion, cervical strain, and lumbar strain. The patient has been treated for subsequent memory problems, pain in his left lower neck area with dysesthesia in the ulnar distribution of his left hand, pain and numbness in his left groin that radiates into the left testicle, and weakness in his left leg for which he has participated in physical therapy. The clinical note dated 12/20/13 indicates the patient presented for a prescription refill of transdermal patch 75mcg per hour, Norco 10/325mg, and Temazepam 15mg. The patient reported continued complaints of low back pain rated at 4/10 in severity. Physical examination revealed a morbidly obese male with tenderness in the lumbar spine area, sacral and SI joint tenderness, and limited range of motion of the lumbar spine. Current medications include Aspirin low dose, Cialis 20mg, Cyclobenzaprine 10mg, Fentanyl transdermal patch, Gabapentin 300mg, Ibuprofen 800mg, Lexapro 20mg, Norco 10/325mg, Seroquel 100mg, Temazepam 15mg, Vesicare 10mg, and Myrbetriq 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE SEROQUEL 100MG, #60 WITH 11 REFILLS (#720), DOS: 10/29/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And

Environmental Medicine (Acoem ) ,2nd Edition, (2004) Chapter 7, and MTUS 2009 Antidepressants for Chronic Pain, Pg 13.

**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 & Stress, Quetiapine (Seroquel). (online version).

**Decision rationale:** As noted in the Official Disability Guidelines( Online version ), Quetiapine (Seroquel) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in current guidelines. There is no indication in the documentation that the patient has been evaluated by a psychiatric specialist and an appropriate diagnosis assigned requiring treatment with an antipsychotic. As such, the request for Retrospective Seroquel 100mg, #60 With 11 Refills (#720), Dos: 10/29/2013 cannot be recommended as medically necessary at this time.