

Case Number:	CM13-0055759		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2010
Decision Date:	04/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This patient is a 47-year-old female who worked as an office assistant in a psychiatric hospital on 10/20/2010. She was in a hallway when she was struck in the right neck and shoulder at least twice by a patient. Since then, she has complained of pain at the base of the neck, right shoulder / scapula. She also has had an issue with sleep disturbances. On a rebuttal letter dated 11/27/13, it is documented that the patient continues to take both Seroquel and mirtazapine for sleep with benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Quetiapine Fumarate / Seroquel 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: Seroquel is an antipsychotic medication used for the following indications: treatment of schizophrenia; treatment of acute manic or mixed episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy to lithium or Divalproex; treatment of depressive episodes associated with bipolar I disorder; maintenance treatment of bipolar I

disorder as adjunct therapy to lithium or Divalproex; adjunctive treatment of major depressive disorders (ER only). Seroquel's unlabeled use includes alcohol dependence, obsessive-compulsive disorder and Tourette syndrome. According to the ODG guidelines, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., Quetiapine, Risperidone) for conditions covered in ODG. Seroquel is an antipsychotic medication that is FDA approved for the above listed conditions. Although the patient reports not experiencing any ill side-effects from the use of Seroquel and that it is helping with her sleep, it is not for use as a sleeping agent. It is recommended that the patient be counseled regarding appropriate sleep hygiene.