

Case Number:	CM13-0059075		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2004
Decision Date:	04/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 60 year old female with date of injury 1/30/04. The treating physician report dated 10/11/13 indicates that the patient is post-surgical left knee arthroscopy with no specific date provided. The diagnoses listed are: 1.Osteoarthritis left leg 715.16 2.Joint pain left leg 719.46 3.Tear lat meniscus 836.1 4.Joint replaced hip V43.64 5.Joint pain pelvis 719.45 The Utilization review report dated 11/21/13 indicates that the patient has a diagnosis of major depression and it was recommended that the patient receive a modified approval of Seroquel and Trazadone to be supplied for a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 200mg, 1 refill: Upheld

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

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

Decision rationale: The patient presents with continued post-surgical left hip and left knee pain. I reviewed all of the reports that were available dated 1/17/13 through 10/11/13, 11 reports in all.

None of the reports reviewed indicated the patient was taking Seroquel. There was no diagnosis to indicate the need for this antipsychotic medication. The orthopedic reports reviewed indicate that the patient is stable on Norco and there are no other discussions regarding other medications. The MTUS guidelines do not address Seroquel (quetiapine), however the ODG guidelines do. ODG states : Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described." There is no information submitted to indicate that Seroquel is needed for this patient. Recommendation is for denial.

Trazodone 50-100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with post-surgical left knee and left hip pain. The request for Trazodone 50-100mg, 60 pills could not be found in the records provided. The orthopedic reports provided discuss the usage of Norco in pain management and there is no indication of anxiety disorder or other mental health disorders to suggest that Trazodone would be indicated for this patient. The treater also does not discuss use of this medication in relation to insomnia for which it is indicated when there is concurrent depression. MTUS guidelines page 60 also require documentation of pain and function when using medication for chronic pain. In this case, no such discussion is provided regarding this medication. Recommendation is for denial.