

Case Number:	CM13-0067595		
Date Assigned:	01/03/2014	Date of Injury:	10/20/2010
Decision Date:	04/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 47 year old female who has a myelopathy resulting from an injury which she sustained in 2010. The provider has requested authorization for coverage for Seroquel, mirtazepine and Neurontin. Coverage was authorized for the latter two medications but denied for the Seroquel. There is very little information available and it appears that there has not been a psychiatric evaluation. The Serroquel apparently is requested for sleep. This is an independent review of the decision to deny reimbursement for Seroquel 25 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Seroquel (quetiapine fumarate) 25 mg #60: 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) Section on Seroquel; Physician's Desk Reference (PDR) Section on Seroquel.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Seroquel does not have an evidence based indication as a sleep aid. ACOEM indicates that "continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work." As noted above there is limited clinical

information and no evidence of a condition such as major depression, bipolar disorder, or schizophrenia for which Seroquel is indicated in this case, nor is there evidence that this is a continuation of this medication for any psychiatric condition. As such, it is not established that the potential benefits of Seroquel outweigh risks in terms of decreased motivation and effectiveness at work as indicated by the above cited guideline