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| Case Number: | CM14-0006188 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 03/29/1999 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Internal Medicine 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 an injured worker with a right shoulder condition with a date of injury was 03-29-1999. Clinic visit note for date of service January 09, 2014 by [REDACTED] provided a progress report. Subjective complaint was right shoulder pain. Medications were Seroquel, Lidoderm, Klonopin, Lyrica, and Methadone. Physical examination: BP 132/78, patient is well groomed, well nourished, and well developed. He has good communication ability. He does not show signs of intoxication or withdrawal. Gait of the patient is normal. Inspection of the right shoulder joint reveals surgical scar. Movements are restricted with flexion limited to 43 degrees limited by pain and abduction limited to 40 degrees limited by pain, tenderness is noted in the acromioclavicular joint and coracoids process. He is conscious, alert and oriented times four without evidence of somnolence. Diagnosis: 719.41 Shoulder Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEROQUEL 100 MG #30: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter and the FDA Prescribing Information.

Decision rationale: The medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions (Page 388) states that medications generally have a limited role. Limit use of anti-anxiety agents to short periods of time. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The Official Disability Guidelines (ODG) Mental Illness & Stress states that 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 ODG. The clinic visit note dated 01-09-2014 documented a primary diagnosis of shoulder pain. Date of injury was 03-29-1999. Patient's occupational injuries were chronic and there was no history of schizophrenia or bipolar disorder documented. The guidelines do not support the medical necessity of Seroquel. Therefore, the request Seroquel 100 MG #30 is not medically necessary.

KLONOPIN 0.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Klonopin Section.

Decision rationale: The medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The Official Disability Guidelines (ODG) Pain (Chronic) states that Clonazepam (Klonopin) is not recommended. The clinic visit note dated 01-09-2014 documented a primary diagnosis of shoulder pain. Klonopin has been used for over 4 weeks and the patient's occupational injuries were chronic. The MTUS and ODG guidelines and medical records do not support the medical necessity of Clonazepam (Klonopin). Therefore, the request for Klonopin 0.5 MG #30 is not medically necessary.