

Case Number:	CM14-0007814		
Date Assigned:	02/07/2014	Date of Injury:	01/04/2012
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 48-year-old male with a date of injury of 1/4/12. The mechanism of injury occurred when his left leg fell through a rotten portion of deck. He landed on his buttocks with injury to his left leg and low back pain. On 1/14/14, he complained of a gradual increase in pain, rated 6.5-7/10 with medications. He was experiencing increased stiffness in his bilateral back and continues to have radiation of pain and radicular symptoms into his left lower extremity. On 2/11/14, he continues to remain symptomatic and noted that he has not had his Seroquel approved and this is causing increased difficulty sleeping. The objective findings include that he is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented x3, and he ambulates without assistance. The diagnostic impression is multi-level degenerative disc disease, spondylosis lumbosacral, depression, unspecified major depression recurrent episode, and generalized anxiety disorder. The treatment to date includes chiropractic care, exercise program, physical therapy, modified work restrictions, medication management. A UR decision dated 1/3/14, denied the request for Quetiapine (Seroquel). The rationale for the decision was not found in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF QUETIAPINE FEMARATE (SEROQUEL) 25 MG #60:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Health Chapter.

Decision rationale: The California MTUS does not address this issue. The ODG guidelines for atypical antipsychotics do not recommend Quetiapine (Seroquel), as a first-line treatment for conditions covered in ODG. Guidelines state antipsychotic drugs should not be the first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of drugs to be used for insomnia, however, there are many prescribers using Seroquel as a first-line for sleep. This patient was prescribed Prozac for sleep and depression, and stopped the Prozac because of unwanted effects, refusing to take any other antidepressants. It was noted that Seroquel at bedtime, does allow him to sleep, 4-5 hours a night. Therefore, the request for Quetiapine Fumarate (Seroquel) 25mg #60 was medically necessary.