

Case Number:	CM14-0011768		
Date Assigned:	02/21/2014	Date of Injury:	01/04/2012
Decision Date:	07/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 leg fell through the flooring. He landed on his buttocks and scraped his left shin and low back. The patient was being treated for low back pain and left lower extremity pain. On 1/14/14, he complained of gradual increasing pain rated at 6.5 - 7/10, and increased stiffness in the lower back bilaterally with continued radiation of pain into the left lower extremity. He also complained of continued anxiety and depression, but stated that the cognitive behavioral therapy was beneficial. He reports sleeplessness secondary to chronic pain. Objective findings include axial loading pain in the facet joints of the lumbar spine, and he was able to ambulate without assistance. The diagnostic impression is multi-level degenerative disc disease, depression, and generalized anxiety disorder. Treatment to date: cognitive behavioral treatment, physical therapy, chiropractic therapy, medication management. A UR decision dated 1/17/14, denied the request for quetiapine (Seroquel). Guidelines for atypical antipsychotics do not recommend Seroquel as a first-line treatment for behavioral problems. According to a review of the submitted records, the patient had previously complained of insomnia and was prescribed Seroquel for treatment, however, there is no recent indication of any recurring sleep problems. Guidelines do not recommend Seroquel as a first-line treatment for insomnia and there is only evidence of limited improvement for depressive symptoms in adults, continued treatment with this medication is not medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUETIAPINE FEMARATE-SEROQUEL 25MG #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) Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Seroquel).

Decision rationale: MTUS and ODG do not address this issue. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex. Guidelines do not support the use of Seroquel as a first-line therapy agent for insomnia. In addition, guidelines do not support the use of Seroquel as a first-line agent for depression. There is no documentation of any improvement of the patient's symptoms on Seroquel. Therefore, the request for Quetiapine Femarate-Seroquel 25mg #60 is not medically necessary.