

Case Number:	CM14-0013638		
Date Assigned:	02/26/2014	Date of Injury:	08/16/2006
Decision Date:	08/29/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, depression, and anxiety reportedly associated with an industrial injury of August 16, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; topical agents; various interventional spine procedures involving the cervical spine; earlier cubital tunnel release surgery. In a Utilization Review Report dated January 7, 2014, the claims administrator partially certified a request for Seroquel, an atypical antipsychotic. The applicant's attorney subsequently appealed. On February 4, 2014, the applicant was described as being able to do laundry, clean his home, and take care of himself. The applicant's wife reportedly died six years prior. The applicant was renting a room from a friend, it was noted. The applicant's medication list included Duragesic, Norco, Neurontin, Lidoderm, Robaxin, Pristiq, Abilify, Colace, Testim, and Senna. The applicant was asked to continue current medications. On January 23, 2014, the applicant's psychiatrist stated that the applicant was fairly stable from a mental health perspective. The applicant was asked to continue Seroquel, Wellbutrin, and Cialis. The attending provider stated that the applicant's medications were ameliorating his sleep, mood, energy level, and appetite. The attending provider stated that the applicant was without his medications for a week and felt a noticeable decline. On December 23, 2013, the applicant's psychiatrist again wrote that Seroquel was ameliorating the applicant's mood and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 150 mg (quantity not provided) with one refill: Overturned

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 & STREE CHAPTER, ATYPICAL ANTIPSYCHOTICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel Medication Guide.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotic is important. In this case, the attending provider is apparently using Seroquel as a mood stabilizer/adjuvant medication for depression. Per the Food and Drug Administration (FDA), Seroquel, an atypical antipsychotic, can be employed as an adjunct agent in the treatment of depressive disorder and/or bipolar disorder. In this case, the attending provider has posited that ongoing usage of Seroquel has ameliorated the applicant's mood, energy levels, sleep, and concentration. Continuing the same, on balance, is indicated. Therefore, the request for Seroquel XR 150 mg (quantity not provided) with one refill is medically necessary and appropriate.