

<b>Case Number:</b>	CM14-0014707		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

This is a 43-year-old with a August 22, 2011 date of injury. A specific mechanism of injury was not described. January 16, 2014 determination was modified. A certification was rendered for Cymbalta and Lyrica, and non-certification was issued for Seroquel. Reason for non-certification included that ODG does not recommend as first line treatment and there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. January 7, 2014 medical report identified lower backache and groin pain. Pain level has remained unchanged. Quality of sleep is good and improved with the use of Seroquel 100mg qhs. The patient appeared to be depressed, he had good communication, and showed no signs of intoxication or withdrawal. There is decrease motor strength of the extensor hallucis longus and decreased sensation over L5. Diagnoses include lumbar radiculopathy and ilioinguinal neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SEROQUEL 100MG, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-

MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter,  
Atypical Antipsychotics.

**Decision rationale:** It is noted that Seroquel is being prescribed to improve sleep. ODG states that antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), and there is no good evidence to support this. In addition, peer reviewed literature identifies that based on limited data and potential safety concerns, use of low-dose quetiapine for insomnia is not recommended. There is no evidence based support for the use of Seroquel in the management of insomnia. Therefore, the request for seroquel 100mg, thirty count, is not medically necessary or appropriate.