

Case Number:	CM14-0118655		
Date Assigned:	08/06/2014	Date of Injury:	07/30/2006
Decision Date:	11/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Practice, 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:

54 yr. old male claimant sustained a work injury on 7/30/06 involving the neck . He was diagnosed with cervical disk disease and brachial neuritis. In addition, he had depression and anxiety for which he was treated with Seroquel, Pamelor and Zoloft since at least November 2013. A progress note on 5/2/14 indicated the claimant had continued neck pain with radiation to both arms. He had some difficulties with sleep. No mention on anxiety or depression were noted. He was continued on Pamelor, Zoloft and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 200mg #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, Mental Illness & Stress Chapter, Quetiapine (Seroquel)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and anti-depressants

Decision rationale: Seroquel is an antidepressant and anti-psychotic. According to the MTUS guidelines, anti-depressants are recommended as a first line option for neuropathic pain, and as a

possibility for non-neuropathic pain. According to the ODG guidelines, antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. In this case, there was no documentation on the indication for use of Seroquel for sleep. Response to depression or mood and psychiatric examination was not noted to justify use of Seroquel. Therefore the use of Seroquel is not medically necessary.