

Case Number:	CM14-0119460		
Date Assigned:	08/06/2014	Date of Injury:	03/13/2007
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported an injury on 03/13/2007. The mechanism of injury was not provided. On 03/06/2014, the injured worker presented with right knee and low back pain. MRI of the lumbar spine dated 01/10/2014 noted acute anterior wedge compression fracture of the L2 vertebral body with edema and approximately 50% vertebral body height loss; at L4-5, grade 1 degenerative anterolisthesis; and L5-S1 2 mm right poster disc protrusion. Current medications included Nabumetone (Relafen), Pantoprazole (Protonix), Quetiapine Fumarate (Seroquel), Buprenorphine HCl sublingual, Amlodipine Besylate, Atenolol, and Pravastatin sodium. Upon examination, the injured worker used a cane while ambulating with antalgic gait. There was no crepitus noted. There was diffuse tenderness to palpation over the joint line. The diagnoses were pain in the joint lower leg and lumbar disc displacement without myelopathy. The provider recommended Quetiapine Fumarate (Seroquel) as intended for sleep. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine Fumarate-Seroquel 25mg QTY 60: Upheld

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 (ODG) Mental Illness and Stress.

Decision rationale: The request for Quetiapine Fumarate-Seroquel 25mg QTY 60 is not medically necessary. The Official Disability Guidelines do not recommend Quetiapine as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. There is no documentation of results of sleep behavior modification attempts or a trial of guideline supported sleep aid such as Lunesta. Based on the information above, the medical necessity of the medication has not been established. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.