

<b>Case Number:</b>	CM14-0134878		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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 46-year-old male patient who reported an industrial injury to the back on 5/23/2006, over eight (8) years ago, attributed to the performance of his usual and customary job tasks. The patient was being treated for chronic pain with depression and a sleep disturbance. The objective findings on examination included a blood pressure reading and depressed appearance. The treating diagnoses included chronic low back pain with bilateral lower extremity radicular symptoms, depression, anxiety, insomnia, erectile dysfunction. The patient was treated with psychotherapy and medications that included hydrocodone-APAP; tramadol; Seroquel; fluoxetine; Lidoderm; and Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Seroquel 50mg #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, Mental Illness & Stress; Quetiapine (Seroquel) ; Atypical psychotics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain

**Decision rationale:** The treating physician has prescribed Seroquel in conjunction for sleep and depression with the underlying diagnosis of chronic low back pain. There was no demonstrated failure of the CA MTUS recommended medications for sleep or depression. The patient is prescribed the polypharmacy; however, there is no demonstrated functional improvement. The requesting physician did not provide a rationale for the use of the prescribed Quetiapine (Seroquel) for the treatment of chronic pain and the continued treatment of depression. The generic formulation has been prescribed for the treatment of depression. The use of Quetiapine is generally directed to psychoses and bipolar disorders; however, it is also used in conjunction with SSRI antidepressants for increased efficacy. The medical records do not reflect an appropriate rationale to support the medical necessity of the Quetiapine to the treatment of the diagnosed severe depression in relation to the mechanism of injury reported on the DOI. There is no demonstrated assessment of functional improvement with the use of the prescribed Seroquel. The patient is noted to be using long-term sedatives as a sleep aid. It is not clear that the reported depression is not treatable with the antidepressants recommended by the CA MTUS and evidence-based guidelines for depression attributed to chronic pain. There is no demonstrated medical necessity for the continued prescription of Seroquel 50 mg #60.).

**1 prescription for Hydrocodone/APAP 10/325mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Hydrocodone/.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** The prescription for Hydrocodone-APAP 10/325mg #90 with refill x2 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck, back, and UEs for the date of injury 8 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics.