

Case Number:	CM14-0137410		
Date Assigned:	09/05/2014	Date of Injury:	04/29/2010
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 patient is a 43-year-old male who has submitted a claim for major depressive disorder recurrent episode associated with an industrial injury date of April 29, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of anxiety, stress, fear, depression, cutting, diminished interest in pleasure, decreased appetite and tearfulness. Psychiatric examination revealed diminished concentration, poor recent memory, absence of suicidal ideation, above average pain patient profile test in depression with T-score of 65, anxiety T-score of 66, somatization T-score of 65, Beck depression score of 50 and Beck anxiety score of 45. Treatment to date has included medications and psychological therapy. Utilization review from August 4, 2014 denied the request for Seroquel 25 mg, twice daily and RTMS repetitive transcranial magnetic stimulation for resistant depression. The request for Seroquel was denied because the guidelines state that there is insufficient evidence to recommend its use. The request for transcranial magnetic stimulation was denied because evidence based guidelines do not consistently support repetitive transcranial magnetic stimulation in the management of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25 mg, twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Seroquel

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. It states that Seroquel is indicated for acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; and monotherapy for the acute treatment of depressive episodes associated with bipolar disorder. In this case, the patient was diagnosed with depressive disorder NOS with anxiety and psychological factors affecting medical condition. There was no evidence of bipolar disorder in this patient based on the medical records submitted. The medical necessity has not been established. Therefore, the request for Seroquel 25 mg, twice daily is not medically necessary.

RTMS repetitive transcranial magnetic stimulation for resistant depression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Chapter, Transcranial magnetic stimulation (TMS)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, transcranial magnetic stimulation is under study for PTSD, with initial promising results. In this case, transcranial magnetic stimulation was prescribed to the patient who was diagnosed with major depressive disorder recurrent episode. However, the ODG states that transcranial magnetic stimulation is still under study. No recommendation was found regarding its use for this patient. Therefore, the request for RTMS repetitive transcranial magnetic stimulation for resistant depression is not medically necessary.