MAXIMUS Federal Services

Case Number:	CM14-0151920		
Date Assigned:	09/19/2014	Date of Injury:	12/23/2008
Decision Date:	10/21/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Maryland. 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 59 year old female with a work injury dated 12/23/08. The diagnoses include chronic pain due to trauma; chronic postoperative pain; pain in the leg; pain in the shoulder; pain in the hand. Under consideration is a request for 1 prescription for Seroquel 25mg and 1 prescription for OxyContin 20mg.There is a primary treating physician report dated 2/23/14 that states that the patient complains of pain in the bilateral shoulders, right upper extremities. The patient has been experiencing this pain for 5 years. The patient describes her pain as constant. The pain is aching, sharp, shooting, stabbing and throbbing. The pain radiates in the back and lower extremity. The pain is made worse by increased activity and standing a long-time, where it gets better by applying cold, applying heat, injections, medications and resting. Other associated symptoms/problems are as difficulty staying asleep due to pain; feeling blue all-the time and frustrated because of pain. On exam there is no significant change in the patient's exam. The patient is well developed and well nourished. The patient is alert and oriented. The patient is no in no acute distress and has good hygiene. The treatment plan states that the patient is still complaining of significant pain despite taking 2 tablets of Oxycodone per day. The plan was to change to sustained-release Oxycodone in the form of OxyContin. The patient will continue with Duragesic-patch, Seroquel and Lidoderm patches.There is an 8/5/14 document that states that the patient is able to function on her current regimen. She will continue with OxyContin for severe pain, Lexapro mood disturbance-and pain. Duragesic-patch, around-the-clock severe pain Seroquel for insomnia; Savella and-Lidoderm patches local tissue pain. Continue with OxyContin for severe pain, Lexapro mood disturbance-and pain. Duragesic-patch, around-the-clock severe pain Seroquel for insomnia; Savella and-Lidoderm patches local tissue pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Seroquel 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

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 SeroquelÂ® (Quetiapine) and on Other Medical Treatment Guideline or Medical Evidence: Maglione M, Maher AR, Hu J, et al. (September 2011). "Off-Label Use of Atypical Antipsychotics: An Update". PMID 22132426 ; Ann Pharmacother. 2012 May;46(5):718-22. doi: 10.1345/aph.1Q697. Epub 2012 Apr 17. Safety of low doses of Quetiapine when used for insomnia. Coe HV1, Hong IS.

Decision rationale: 1 prescription for Seroquel 25 mg is not medically necessary per the ODG guidelines. The MTUS does not discuss Seroquel. The ODG states that Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. The documentation indicates that the patient takes this for insomnia. The review of the literature reveals that Seroquel is not recommended for insomnia. Due to the recommendations against using Seroquel for sleep, the request for 1 prescription for Seroquel 25 mg is not medically necessary.

1 prescription for OxyContin 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: 1 prescription of OxyContin 20 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient is on 2 long acting opioid medications. The documentation indicates that the patient does not reveal evidence of significant functional improvement despite opioid use and the use of 2 long acting medications. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for 1 prescription of OxyContin 20 mg is not medically necessary.