

<b>Case Number:</b>	CM14-0158915		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 5/22/97 date of injury. At the time (9/4/14) of request for authorization for 1 prescription of Dilaudid 8mg #90 and 1 prescription of Seroquel 400mg #34, there is documentation of subjective (back and right leg pain) and objective (tenderness over cervical paravertebral and spinous process, restricted lumbar spine range of motion, and positive right straight leg raise) findings, current diagnoses (post cervical/lumbar laminectomy syndrome and cervical/lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Dilaudid 8mg, Seroquel 400mg, Seroquel 200mg, Fentanyl, Diazepam)). Medical report identifies that patient has improved capability for activities of daily living including self-care and household tasks with the medications; and that opioid medication side effects and current functional status were discussed with the patient. Regarding 1 prescription of Dilaudid 8mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief. Regarding 1 prescription of Seroquel 400mg #34, there is no documentation of chronic pain; Seroquel being used as a second line treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the specific use of Seroquel to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Dilaudid 8mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post cervical/lumbar laminectomy syndrome and cervical/lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Dilaudid. Furthermore, given documentation that patient has improved capability for activities of daily living including self-care and household tasks with the medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Dilaudid use to date. However, despite documentation that opioid medication side effects and current functional status were discussed with the patient, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Dilaudid 8mg #90 is not medically necessary.

**1 prescription of Seroquel 400mg #34:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants and Quetiapine (Seroquel) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Quetiapine (Seroquel) is not recommended as a first-line treatment and that adding an atypical antipsychotic to an antidepressant provides limited

improvement in depressive symptoms in adults. Within the medical information available for review, there is documentation of diagnoses of post cervical/lumbar laminectomy syndrome and cervical/lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Seroquel. However, despite documentation of pain, there is no (clear) documentation of chronic pain. In addition, there is no documentation of Seroquel being used as a second line treatment. Furthermore, despite documentation that patient has improved capability for activities of daily living including self-care and household tasks with the medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the specific use of Seroquel to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Seroquel 400mg #34 is not medically necessary.