

Case Number:	CM14-0159877		
Date Assigned:	10/03/2014	Date of Injury:	06/12/2009
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 63-year-old male with a date of injury of 06/12/2009. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain. 2. Lumbar DDD. 3. Left L5 motor and sensory radiculopathy per exam with confirmation per electrodiagnostic studies. 4. Pain-related insomnia. 5. Pain-related depression with some suicidal ideation. According to progress report 09/18/2014, the patient reports sleepiness, restlessness, inability to concentrate as well as leg cramping. It was noted that patient went to [REDACTED] as he was experiencing "withdrawal of Seroquel." It was noted that he has been prescribed this medication for some time; however, there was a delay in receiving prescriptions. Examination revealed continued low back pain with radicular symptoms to the left lower extremity. This is a request for "Seroquel 50 mg x1 day, then 100 mg x1 day, then 100 mg x1 day, then 200 mg p.o. q.h.s. (100-mg tablets)." Utilization review denied the request on 9/25/14. The medical file provided for review includes one progress report dated after the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50 mg X 1 day, then 100mg X 1 day, then 150MG X 1 day, then 200mg po qhs(100mg tablets): 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), atypical antipsychotic

Decision rationale: This is a request for "Seroquel 50 mg x1 day, then 100 mg x1 day, then 100 mg x1 day, then 200 mg p.o. q.h.s. (100-mg tablets). The ACOEM and MTUS do not discuss Seroquel specifically. However, ODG guidelines have the following regarding atypical antipsychotic medications: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." In this case, ODG does not recommend this medication. The benefits are noted as "small to nonexistent" with "abundant evidence of potential treatment-related harm." The request is not medically necessary.