

Case Number:	CM14-0166913		
Date Assigned:	10/14/2014	Date of Injury:	03/19/2003
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Colorado. 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:

44 year old female with date of injury 3/19/2003 continues follow up with the treating physician. Patient has chronic low back pain with radiculopathy and Post Laminectomy Syndrome. She is maintained on chronic opioid therapy with non-steroidal anti-inflammatory drugs and muscle relaxants. Per the records supplied for review, patient has persistent pain and disability despite acupuncture, epidural steroid injections, heat and ice therapies, facet joint injections, massage, transcutaneous electrical nerve stimulation (TENS) unit, Spinal Cord Stimulator trial, interferential therapy, physical therapy, surgery and medication management. A functional restoration program has been approved for the patient, though the records supplied do not indicate if she has started or completed or not participated in this. The treating physician mentions that patient has a history of depression, and lists Wellbutrin as a chronic medication for her, however, the treating physician has not managed the depression issue himself. Notes from the 8/5/2014 visit with the treating physician, do indicate that patient has followed with an outside psychologist for some time, and specify that patient's anxiety and depression are considered "non-industrial." The notes from the treating physician also on that date indicate that patient's depression and anxiety are exacerbated by her chronic pain and lack of relief. His recommendation then is to make sure that she participates in the functional restoration program already approved, in addition to continuing her current therapies. The treating physician requests Quetiapine with primary diagnosis Chronic Pain Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine 50 mg #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 (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: www.fda.gov

Decision rationale: The MTUS Guidelines and ACOEM Guidelines do not address the use of Quetiapine in chronic pain or other disorder. The medication guide and prescribing information for Quetiapine at www.fda.gov has therefore been consulted. Quetiapine is classified as an atypical antipsychotic medication. It is indicated as adjunctive therapy for refractory depression; however, it has no indication in treatment of pain, chronic or other. The records supplied do not indicate any discussion about starting Quetiapine and do not indicate its intended use in this patient. Given the lack of appropriate documentation for the need or intent of Quetiapine, the request for Quetiapine is not medically indicated.