

<b>Case Number:</b>	CM14-0177330		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/10/2001
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 46-year-old male with a date of injury of December 10, 2001. The mechanism of injury was a motor vehicle accident. The industrially related diagnoses include chronic low back pain, lumbar fusion, and lumbar radiculopathy. The disputed issue is a request for Seroquel. A utilization review determination had noncertified the request for Seroquel 50 mg. The reviewer had cited Official Disability Guidelines which stated that Seroquel is not recommended as a first-line treatment, and that there is "insufficient evidence to recommend atypical antipsychotics for conditions covered in the ODG."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel tab 50mg #30:** 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); Pain Chapter, Anxiety Medications in Chronic Pain Topic & Mental Illness and Stress Chapter, Seroquel Topic and Other Medical Treatment Guideline or Medical Evidence: Seroquel Heading, Up-to-date Online.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address anti-psychotic medication. The ODG Mental Illness and Stress Chapter states the following regarding atypical anti-psychotics: "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. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were Aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and Risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)" In the case of this injured worker, there is insufficient rationale as to the why Seroquel is included in the treatment regimen. This medication is primarily indicated for schizophrenia and bipolar disorder. The patient does not have documentation of either of these disorders. Furthermore, the Official Disability Guidelines specifically state that anti-psychotics have "insufficient evidence" to recommend use "for conditions covered in ODG." This request is not medically necessary.