MAXIMUS Federal Services

Case Number:	CM14-0181216		
Date Assigned:	11/06/2014	Date of Injury:	06/07/2011
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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 Psychiatry and Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 14 pages of medical and administrative records. The injured worker is a 44 year old male whose date of injury is 06/07/2011. His diagnoses are major depressive disorder, single episode severe with psychotic features, pain disorder with psychological factors and a general medical condition, insomnia, and chronic pain. A report of 09/09/14 indicates that since the last visit of 07/29/14 the patient was feeling better and reporting good sleep. He denied auditory hallucinations. He presented with decreased intensity in the following: depressed mood with anhedonia, poor concentration/attention and memory, increased appetite and weight gain, worthlessness and guilt, low energy and fatigue, irritability and anger, hopelessness and helplessness, and anxiety. He denied suicidal ideation. There was no change in libido or pain intensity, and he denied side effects of Effexor or Seroquel. On mental status exam he was cooperative, less agitated, and speech was slow and overall normal. There was mild psychomotor agitation, mood was depressed and anxious, affect range constricted and blunted, thought process linear and intermittently circumstantial, no delusions, or paranoid/suicidal/homicidal ideation, and no self-injurious thoughts. Judgment was fair, insight impaired. He was more flexible about psychopharmacological treatment options. Plan was to continue Effexor for depression, anxiety, and chronic pain, and Seroquel 50 mg QHS for hallucinations and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine 50 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress/Atypical Antipsychotics

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, MDD Treatment, Psychotic Presentations

Decision rationale: The patient carries the diagnosis of major depressive disorder single episode severe with psychotic features. Treatment follows APA/ODG guidelines, as listed below, of an antidepressant and an antipsychotic-in this case Effexor and Seroquel. The patient appears to be well controlled and is not manifesting psychotic ideation per documentation provided by [redacted] It would be medically contraindicated to discontinue treatment in a stable patient; as such this request is medically necessary.