

Case Number:	CM14-0027581		
Date Assigned:	06/20/2014	Date of Injury:	12/03/1998
Decision Date:	08/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/04/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 12/03/1998, the mechanism of injury was not provided. On 11/07/2013, the injured worker presented with low back pain and pain in the anterior thighs. Prior treatments included a discogram, a fusion, oral medications, and a spinal cord stimulator. Current medications include Trazodone, Nucynta, Seroquel, Lidoderm, Methadone, Lyrica and Cymbalta. Examination of the lumbar spine noted flattening of the normal lumbar lordosis, tenderness over the lower lumbar facets bilaterally, positive facet loading test and tenderness over the bilateral SI joints. Diagnoses were post laminectomy syndrome in the lumbar region, chronic pain syndrome, adjustment disorder, persistent disorder of initiating or maintaining sleep, bipolar disorder, and diabetes mellitus. The provider recommended Quetiapine tab 50 mg a day. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine tab 50 mg qty 180: 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), Mental Illness and Stress.

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, Quetiapine.

Decision rationale: The request for Quetiapine tab 50 mg qty 180 is not medically necessary. The Official Disability Guidelines state Quetiapine is not recommended as a first line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. Meta-analysis also reveals that benefits of antipsychotics in terms of quality of life and improved functions are small to non-existent and there is abundant evidence of potential treatment related harm. Clarification is needed in the provider's request for Quetiapine tablets 50 mg for the recommending quantity and frequency of the medication. As such, the request is not medically necessary.