

Case Number:	CM14-0031692		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2002
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 56-year-old male injured on September 11, 2002. The injury was due lifting five gallon buckets and microwave ovens. The most recent progress note, dated January 29, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, neck pain. The injured employee stated his quality of sleep was poor. The physical examination demonstrated loss of cervical lordosis and decreased cervical range of motion. Spurling's maneuver was negative. Examination of the thoracic spine noted tenderness of the paravertebral muscles and spasms. The treatment plan involved refills of Norco, Zanaflex, Lyrica, Remeron, and Seroquel. A request had been made for Seroquel and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg, #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)- Quetlapine (Seroquel), 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), Pain (Chronic), Seroquel, Updated July 10, 2014.

Decision rationale: Seroquel is an antipsychotic sometimes prescribed as a sleep aid to help those with sleeping disorders. However the injured employee is also prescribed Remeron. Remeron is an antidepressant also sometimes prescribed as a sleep aid. While the injured employee did complain of difficulty sleeping it is unclear why he has two medications prescribed to be used as a sleep aid. This request for Seroquel is not medically necessary.