

Case Number:	CM14-0065876		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2007
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/08/2014

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, Neurology and Child & Adolescent 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:

The injured worker is a 34 year old female who suffered an injury at work on September 27, 2007. The mechanism of injury is described as a four drawer filing cabinet falling on her while opening the drawers. The injured worker then developed chronic pain in both arms, neck, low back, both buttocks and both legs. Treatment included physical therapy, chiropractic and analgesic medications. Subsequently, the injured worker became depressed, and was diagnosed with Major Depression and Anxiety. A psychiatric hospitalization on two occasions for suicidal ideation is noted. According to the March 03, 2014 progress note, the injured worker complained of worsening pain, muscle aches, weakness, back and joint pain. Prescriptions for the medications Quetiapine, Xanax, Lamictal, Gabapentin and Ambien are noted. In 2011, the injured worker was prescribed Lithium, Seroquel, Abilify, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quetiapine 100 mg, QTY: 1 month supply: 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), Treatment Index, 11th Edition (web), 2013, Mental and Stress, Quetiapine (Seroquel), Atypical Phychotics.

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 (Seroquel).

Decision rationale: MTUS is not applicable. The ODG indicate that the medication Quetiapine is not recommended as a first line treatment, as there is insufficient evidence to recommend atypical antipsychotic medications for conditions covered in the ODG. Quetiapine is an atypical antipsychotic medication. The injured worker is diagnosed with Major Depression and Anxiety secondary to chronic pain. There is insufficient clinical information indicating that the injured worker has failed appropriate trials of alternative medications which are more appropriate in the management of depression secondary to chronic pain in order to warrant the use of Quetiapine as a last resort-type treatment agent. The request is therefore not medically necessary.