

Case Number:	CM14-0067737		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, 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 56 year-old male who has previously presented with findings consistent with anxiety and depression. The injured worker also reported moderate to severe low back pain with radiating pain to the right lower extremity. The clinical note dated 08/26/13 indicates the injured worker stating there were multiple reasons for his inability to continually attend office visits. There is an indication the injured worker has chronic depression. The clinical note dated 09/05/13 indicates the injured worker having undergone an admission for depressive symptoms and suicidal tendencies. There is an indication the injured worker had been medicated with the use of Prozac as well as daily psychotherapy which did provide some improvement. The injured worker was subsequently discharged. The psychological consultation dated 09/04/13 indicates the injured worker having been referred to the emergency room secondary to suicide ideation, depression, anhedonia and a sense of worthlessness with hopelessness. The injured worker complained of chronic pain leading to the suicide ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25mg #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) Mental Health and Stress Chapter.

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 & Stress, Quetiapine (Seroquel).

Decision rationale: The request for Seroquel is not medically necessary. There is insufficient evidence to recommend atypical antipsychotics. No information was submitted regarding the patient's response to first-line therapy. No exceptional factors were identified in the clinical notes. Given these factors, this request is not medically necessary.