

Case Number:	CM14-0088824		
Date Assigned:	07/23/2014	Date of Injury:	05/07/2002
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50-year-old male with a date of injury of 05/07/2002. The listed diagnoses per [REDACTED] include causalgia of lower limb, adjustment disorder with depressed mood, sciatica and myofascial pain/myositis. According to progress report, 04/29/2014, the patient presents with continued pain in the lower extremities and low back pain. The patient states the pain radiates down the back and radiates down into his legs. The patient rates his pain as 8/10 at its worst, 6/10 at its best. On average throughout the week, it was 7/10. Her pain is relieved by heat, medication, resting, and elevation. The patient's current medication regimen includes Baclofen 20 mg, Docusate sodium 250 mg, folic acid 1 mg, Lidoderm patch 5%, ranitidine 300 mg, Biofreeze gel, Lyrica 100 mg, Paxil 30 mg, Seroquel 50 mg, Ketoprofen powder, Prilosec 20 mg, and Percocet 10/325 mg. The physician states authorization for psychiatric consultation is still pending. He is requesting refill of Seroquel 25 mg #100. Utilization review denied the request on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25 mg 1 X 100 tab bottle: Upheld

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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with low back pain that radiates into the bilateral lower extremities. The patient also has a diagnosis of anxiety and depression. The physician is requesting a refill of Seroquel 25 mg #100. Review of the medical file indicates the patient has been taking this medication at a higher dose of 50 mg which has been producing side effects and making her "very somnolent." physician would like to take the dosage down to 25 mg then titrate back to 50 mg once she has acclimated to the medication. The ACOEM and MTUS do not discuss Seroquel specifically. However, the ODG guidelines have the following regarding atypical antipsychotic medications: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." In this case, ODG does not recommend this medication. The benefits are noted as "small to nonexistent" with "abundant evidence of potential treatment-related harm." Therefore the request is not medically necessary.