

Case Number:	CM14-0096689		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2001
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehab and is licensed to practice in Nevada. 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 68-year-old male who was reportedly injured on May 4, 2001. The mechanism of injury is noted as getting a foot caught in a conveyor belt. The most recent progress note, dated May 21, 2014 indicates that there are ongoing complaints of low back pain and left lower extremity pain as well as pain in the left knee. Current medications include Opana, Norco, Naprosyn, Lyrica, Lunesta, Seroquel and Senokot. Pain stated to be 10/10 without medications and 5/10 with medications. The physical examination demonstrated ambulation with the assistance of a cane and an antalgic gait. There was diffuse tenderness across the low back. There was stated to be allodynia over the lumbar spine and decreased lumbar spine range of motion. Examination of the left lower extremity noted minimal allodynia the dorsal aspect of the left foot and skin changes at the anterior lower leg. The physical examination of the left knee noted tenderness over the medial and lateral joint lines as well as crepitus with range of motion. Diagnostic imaging studies were not reviewed at this appointment. Previous treatment includes a spinal cord stimulator. A request was made for Seroquel and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50 mg #90: 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, 12th Edition (web), Mental Illness and Stress, Atypical antipsychotics: Quetiapine (Seroquel).

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, Seroquel, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines Seroquel is not recommended as a first-line treatment agent and there is insufficient evidence to recommend atypical antipsychotic medications for conditions covered in the Official Disability Guidelines. Considering this, even though the injured employee has had a psychiatric evaluation and treatment for depression and anxiety, the request for Seroquel is not medically necessary.