

Case Number:	CM14-0181072		
Date Assigned:	11/24/2014	Date of Injury:	12/17/1997
Decision Date:	01/09/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Neurology, Addiction Medicine & Geriatric 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:

Records reviewed include 74 pages of medical and administrative records. The injured worker is a 40 year old male who sustained a work related injury on 12/17/1997, the mechanism of which was not made known. He suffers from chronic otitis media, mixed hearing loss, traumatic brain injury, anxiety, depression, headaches, and neck and shoulder pain. He wears hearing aids. Progress notes of 10/11/2012 shows that his medication regimen included Seroquel 100mg, Buspirone, Meclizine, Nabumetone, Nasal Saline, and Nasonex. He complained of right ear pain and left ear tinnitus. A progress report of 05/16/2014 indicated that a three year gym membership had been recommended but not yet approved by the insurance company. This had become an outlet for the injured worker, was helping his overall wellbeing and was controlling his anxiety and depression. Patient Health Questionnaire (PHQ) =13 (moderate depression). He was being seen twice per month for psychotherapy; Diagnoses were traumatic brain injury, headaches, anxiety, and worsening dizziness. On 06/25/14 there is an email showing that he was on Seroquel XR 400mg, this was not detailed. In a progress note of 07/11/2014, he complained of neck pain described as squeezing. He felt anxious and tense, and reported more trouble sleeping at night. He continued to have right shoulder pain and daily headaches. His pain was rated 9/10 without the pain medications and 7-8/10 with the pain medications. He was scheduled to undergo surgery for the right ear. He attended psychotherapy twice a month. He was not working. He complained of depression, insomnia, headaches, dizziness, shortness of breath and stomach upset. Physical examination revealed right shoulder active range of motion limited with flexion 0-90 degrees and abduction 0-90 degrees. Strength 5/5 for both upper and lower extremities reflexes 2+ and symmetrical biceps, triceps, quadriceps and gastrocsoleus, normal gait. Diagnoses were unchanged. Plan included physical therapy, gym membership, right ear

surgery, continue Nabumetone and Lidocaine patch 5%. PHQ score=11, indicating moderate depression, and he was scheduled for a consultation with [REDACTED] (psychiatrist) on the 18th. He had not started going to the gym yet. Work restrictions included no climbing, no overhead activities, no lifting more than 40 lbs. occasionally and 10 lbs. frequently, no stooping, no bending and no sudden neck movements. On 10/06/2014, Utilization Review non-certified Seroquel 400mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 400mg, #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 Illness & Stress, Atypical Anti-Psychotics.

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, Atypical Anti-Psychotics.

Decision rationale: Seroquel is an atypical antipsychotic. It is unclear from records provided what the indication for its use is in this patient. There are no consultations or medication management records provided to show the rationale behind this decision, the symptoms being managed, objective functional improvement, observation for adverse events, etc. The request for Seroquel is noncertified. CA MTUS 2009 is silent regarding Seroquel. ODG 2014 guidelines were used in the formulation of this decision. Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., 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. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were Aripiprazole (Abilify), Olanzapine (Zyprexa), Quetiapine (Seroquel), and Risperidone (Risperdal). The authors concluded that off-label use of these drugs

in people over 40 should be short-term, and undertaken with caution. (Jin, 2013) Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. A population-based study examining medical records for nearly 200,000 adults showed that those who received a prescription for Quetiapine (Seroquel), Risperidone (Risperdal), or Olanzapine had an almost 2-fold increased risk for hospitalization for AKI within the next 90 days vs. those who did not receive these prescriptions. In addition, patients who received one of these oral atypical antipsychotics had increased risk for acute urinary retention, hypotension, and even death. (Hwang, 2014) Therefore, the requested medication is not medically necessary and appropriate.