

<b>Case Number:</b>	CM14-0183431		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational and Environmental Medicine; Medical Toxicology, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 54-year old female with a 6-30-99 date of industrially related injury. She has ongoing complaint of cervical pain, rated at 5/10, with no complaint of radiculopathy. She has decreased range of motion in the cervical spine and left shoulder. She has a history of cervical fusion and left shoulder arthroscopy and impingement release. She is prescribed Hydrocodone, Tramadol, Naproxen, and Butrans patch for pain. Individual also has a history of major depression and anxiety. Her current medications for that are Bupropion, Seroquel, and Xanax. Medical diagnosis of obesity, Lupus, and constipation were noted in the medical records. This request is for Seroquel 100 mg provided for medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100 mg, take at bed time, #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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Major Depressive Disorder, Atypical Antipsychotics Other Medical Treatment Guideline or Medical Evidence: [drugs.com](http://drugs.com)

**Decision rationale:** Seroquel (Quetiapine) is an antipsychotic medicine that works by changing actions of chemicals in the brain. It is FDA approved only for the treatment of schizophrenia and bipolar disorder. This individual does not have a diagnosis for major depressive disorder. She has been taking Seroquel 100mg since June 18, 2013, in addition to Bupropion, in the treatment of major depressive disorder. Individual is doing well on current medication regimen and her mood is stable. She currently has no abnormal behaviors or changes in psychomotor activity. Provided medical records did not show failed drug trials prior to starting Seroquel. According to ODG, adding antipsychotic medications to antidepressant medication provides limited improvement in depressive symptoms. They are not recommended as a first line treatment and there is insufficient evidence to recommend atypical antipsychotics (eg Seroquel) for the condition of major depressive disorder. ODG further states that the benefit 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. There is not a FDA approved diagnosis to justify use of Seroquel. Provided medical documentation was inadequate in providing rationale as to why she was prescribed this specific information. As such, Seroquel 100 mg, take at bed time, #30 is deemed not medically necessary.