

Case Number:	CM14-0198031		
Date Assigned:	12/08/2014	Date of Injury:	07/16/2007
Decision Date:	01/28/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Neuromuscular 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 patient is a 62-year-old female who has submitted a claim for intervertebral lumbar disc disorder with myelopathy, major depressive disorder and insomnia associated with an industrial injury date of 7/16/2007. Medical records from 2014 were reviewed. The patient complains of increasing depression. She lives alone and is unable to work. Physical examination showed an alert and oriented patient, and slightly flattened affect. Treatment to date has included tramadol, Lidoderm patch, omeprazole, Seroquel and Zoloft. The utilization review from 10/29/2014 denied the request for Seroquel 50mg 1 tab QHS #30 with 3 refills because antipsychotics are not recommended as a first-line treatment for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg 1 tab QHS #30 with 3 refills: 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 antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness, Atypical Antipsychotics. Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Seroquel.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. 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. It states that Seroquel is indicated for acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; and monotherapy for the acute treatment of depressive episodes associated with bipolar disorder. The patient is a diagnosed case of major depressive disorder and insomnia. The patient complains of increasing depression. She lives alone and is unable to work. Physical examination showed an alert and oriented patient, and slightly flattened affect. However, the initial prescription date for Seroquel is unclear. Functional improvement derived from medication use is not well documented. The medical necessity cannot be established due to insufficient information. Therefore, the request for 1 prescription for Seroquel 50mg 1 tab QHS #30 with 3 refills is not medically necessary.