

Case Number:	CM14-0200619		
Date Assigned:	12/10/2014	Date of Injury:	02/09/2001
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 9, 2001. A utilization review determination dated November 20, 2014 recommends noncertification of Seroquel. Noncertification was recommended due to lack of documentation of measurable functional improvement or documentation to support the use of this medication despite guideline recommendations against its use. A progress report dated November 4, 2014 identifies subjective complaints indicating that the patient is not getting all of her medication. The note states "she does not do well with the reduced Seroquel. The moods are more labile, sleep is less restful." She is currently receiving cognitive behavioral therapy. The treatment plan recommends continuing her current medications including diazepam, Pristiq, trazodone, Remeron, and Seroquel. A report dated September 9, 2014 indicates that Seroquel was recommended to be cut in half by utilization review. The note goes on to state "this is a big drop. A much more realistic plan would be 600 mg total from the current 800 mg."

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 300 mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 2014

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

Decision rationale: Regarding the request for Seroquel, California MTUS and ACOEM do not contain criteria for this medication. ODG states that atypical antipsychotics are not recommended as a first-line treatment. They state that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. In addition, it is not certain that these drugs have a favorable benefit-to-risk profile. Within the documentation available for review, the requesting physician has identified that the patient has significant depression which has been worsened since the reduction of Seroquel. The requesting physician has stated that the patient's moods are more labile and sleep is less restful. The patient is concurrently undergoing cognitive behavioral therapy. Additionally, it does not appear that Seroquel was started as a first-line agent as evidenced by the numerous other psychiatric medications currently being prescribed. It is acknowledged that the requesting physician should better document serial mental status examinations, documentation of improved function as a result of each medicine being prescribed, and a discussion regarding the risk-benefit profile of Seroquel. However, a 1-3 month prescription should provide the requesting physician plenty of time to document the ongoing medical necessity of this medication. Therefore, the currently requested Seroquel is medically necessary.