

Case Number:	CM14-0203422		
Date Assigned:	12/15/2014	Date of Injury:	12/23/2008
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 59 year old female with an injury date on 12/23/08. The patient complains of constant pain in the bilateral shoulders, and right upper extremity per 10/15/14 report. The pain radiates into the back, bilateral into the head and bilateral lower extremities, with pain rated 7/10 on average per 10/15/14 report. The patient states that the pain is worsened by increased activity and standing for a long time per 9/18/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnoses are: 1. Cervicalgia 2. Pain in joint, shoulder region. The list of diagnoses in 5/6/14 report also include depression. A physical exam on 10/15/14 showed "well nourished, in no acute distress. Weight: 194. BMI: 34." Range of motion testing for the right knee only was included in 2/12/14 and 5/20/14 reports. No other range of motion testing for the neck, shoulders, or upper extremities were included in reports. The patient's treatment history includes medications, cryotherapy, and heat therapy. The treating physician is requesting seroquel 25mg #60. The utilization review determination being challenged is dated 11/11/14. The requesting physician provided treatment reports from 2/12/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 25 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

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 Chapter, section on Atypical Antipsychotics.

Decision rationale: This patient presents with bilateral shoulder pain, right upper extremity pain. The treater has asked for SEROQUEL 25MG #60 on 10/15/14. The patient has been taking Seroquel since 5/6/14 report. The patient is also currently taking Lexapro per 10/15/14 report. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend (olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole) for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "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." In this case, the patient has depression, and is currently taking Lexapro, an SSRI. The patient has also been taking Seroquel for 5 months. ODG guidelines does not recommend atypical antipsychotics as first-line treatment, and states that adding an atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." The treater does not discuss this medication's efficacy and why it's being prescribed. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.