

Case Number:	CM14-0203623		
Date Assigned:	12/16/2014	Date of Injury:	01/01/1976
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
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 Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, hand pain, and depression reportedly associated with an industrial injury of August 15, 2003. In a Utilization Review Report dated November 20, 2014, the claims administrator approved Wellbutrin, denied Seroquel, denied Theramine, and approved Paxil. The claims administrator referenced a progress note dated October 14, 2014 in its denial. The applicant's attorney subsequently appealed. In a November 11, 2014 RFA form, Wellbutrin, Paxil, Ambien, and Ativan were renewed for a reported diagnosis of major depressive disorder (MDD). In an associated progress note of November 11, 2014, the applicant reported persistent complaints of depression, chronic pain, and associated irritability. The applicant remained disabled, it was stated. The applicant was status post two prior neck surgeries. The applicant was on Norco and Prilosec. The applicant was visibly depressed and anxious in the clinic setting. Paxil and Wellbutrin were endorsed for depression. Ambien was endorsed for sleep. Ativan was endorsed for anxiety. On November 10, 2014, the attending provider stated that he believed the applicant's current psychotropic medications, including Ativan and Ambien, were beneficial. On October 14, 2014, the applicant's psychiatrist stated that the applicant remained disabled. The applicant was on hydrocodone and Prilosec. The applicant was awaiting a CT scan of the neck. The applicant remained depressed and agitated. The applicant was under significant psychological stress. The applicant was asked to continue Wellbutrin, Paxil, Ambien, Ativan, and Theramine. It was stated that Theramine was being prescribed for chronic pain purposes. There was no mention of quetiapine (Seroquel) being employed on this date. In an earlier note dated September 16, 2014, the applicant's psychiatrist asked the applicant to continue Paxil, Wellbutrin, Ambien, and Ativan. The applicant remained anxious, irritable, agitated, and depressed, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Quetiapine 25mg, #90: 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: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel Medication Guide.

Decision rationale: 1. No, the request for quetiapine (Seroquel), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important, this recommendation, however, is qualified by commentary made on Chapter 3, page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is consistently described as anxious, irritable, agitated, and depressed on multiple office visits, referenced above, including those dated September 16, 2014, October 14, 2014, and November 11, 2014. It did not appear, thus, that Seroquel was particularly effective, if in fact it was being employed on these dates. It is interestingly noted that none of the progress notes referenced above contained any mention or references to the applicant's using Seroquel, an atypical antipsychotic, which, per the Food and Drug Administration, is indicated in the treatment of schizophrenia, the acute treatment of manic attacks associated with bipolar I disorder, and/or in the acute treatment of depressive episodes associated with bipolar disorder. Therefore, the request was not medically necessary.

Prospective request for unknown prescription of Theramine: 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 ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements section.

Decision rationale: 2. Similarly, the request for Theramine, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Theramine are "not recommended" in the treatment of chronic pain as was/is present here. The attending provider did not furnish any compelling applicant-specific rationale or medical

evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.