

<b>Case Number:</b>	CM14-0208925		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 50-year-old female who reported an injury on 07/29/2009. The mechanism of injury was a fall. She was diagnosed with primary depressive illness, single episode, severe, with psychotic features. Her past treatments were noted to include psychiatric treatment, medications, and physical therapy. On 11/11/2014, the injured worker reported back pain, and she indicated she was fearful she was going to be fired. The injured worker called out loud "a mean name". Upon physical examination, she was noted to have guarded speech, disheveled appearance, and anxiousness. Her current medications were noted to include Seroquel; however, the frequency and dosage were not provided. A Request for Authorization was submitted on 11/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100mg #60 x 6 months:** Upheld

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

**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 & Stress, Quetiapine (Seroquel), Atypical antipsychotics.

**Decision rationale:** The request for Seroquel 100mg #60 x 6 months is not medically necessary. The Official Disability Guidelines state for atypical antipsychotics, they are not recommended as a first line treatment. There is insufficient evidence of recommended atypical antipsychotics (e.g., quetiapine, Risperidone) for conditions covered in the guidelines. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. Additionally, the guidelines state antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are prescribers using Seroquel, for instance, as a first line for sleep; and there is no good evidence to support this. It was noted that the injured worker started the medication on 11/2014. Clinical documentation submitted for review does indicate that the patient was diagnosed with depressive illness, single episode, severe, with psychotic features. However, the clinical documentation did not provide evidence of objective functional improvement from taking this medication. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request for Seroquel 100mg #60 x 6 months is not medically necessary.

**Cymbalta 60mg #30 x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine (Cymbalta) Page(s): 13, 43-44.

**Decision rationale:** The request for Cymbalta 60mg #30 x 6 months is not medically necessary. The California MTUS Guidelines recommend Cymbalta as a first line treatment option in neuropathic pain. Additionally, the guidelines state the assessment of treatment efficacy should include pain outcomes, changes in other use of analgesic medications, evaluations of function, sleep quality and duration and psychological assessment. It was noted that the patient has been on the medication since at least 02/2014. The clinical documentation lacks evidence of an evaluation in regards to her function with or without medication. There was no mention of how patient was sleeping and the duration of sleep. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request for Cymbalta 60mg #30 x 6 months is not medically necessary.