

<b>Case Number:</b>	CM14-0098719		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male who was injured on 10/13/2010. The diagnoses are status post bilateral ulnar nerves decompression, cervical radiculopathy, headache, neck pain and chronic pain syndrome. The 2014 cervical spine MRI showed multilevel disc degeneration, facet arthropathy, canal stenosis and neural foraminal stenosis. There are co-existing psychiatric diagnoses of adjustment disorder, anxiety and depression. The patient completed PT, home exercise program, acupuncture and behavioral modification therapy. The patient completed psychotherapy by [REDACTED]. On 9/5/2014, [REDACTED] (psychiatrist) noted that the subjective complaint of insomnia, pain and anxiety had significantly worsened since Xanax was discontinued and Seroquel not approved. The medication listed are Norco and Seroquel. The patient was started on Seroquel when Xanax was weaned for non certification. Vistaril was noted to be non effective in control of the anxiety disorder. On 9/29/2014, [REDACTED] noted that the patient failed gabapentin, Lyrica, Cymbalta, Elavil and Nucynta treatment. There were objective findings of decreased range of motion of the cervical spine, positive Spurling's sign, tenderness of palpation of the paracervical spine and decreased sensation of the upper extremities cervical dermatomes. A Utilization Review determination was rendered on 5/29/2014 recommending non certification for Seroquel 25mg #90 with 3 Refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 25mg #90 with 3 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental illness and Stress

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that co-existing psychiatric conditions be effectively treated in chronic pain patients. The concurrent presence of poorly controlled psychiatric disorders is associated with decreased efficacy of pain medications and increased incidence of aberrant drug behaviors, non-compliance with pain treatment and adverse medications effects. The records indicate that the patient has failed the recommended first line antidepressants and anticonvulsants medications. The anxiolytic medication was discontinued for non-authorization. The antipsychotic medication is being utilized for the guideline recommended use for the treatment of depression and anxiety disorder. The criteria for the use of Seroquel 25mg #90 with 3 refills were met. Therefore, this request is medically necessary.