

<b>Case Number:</b>	CM15-0007772		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 60 year old female, who sustained a work/ industrial injury to the low back and bilateral knees on 4/29/11. The diagnoses have included lumbago, lumbar spinal stenosis, depression, and insomnia. Past medical history included asthma, migraine, restless leg syndrome, osteoarthritis, and sacroiliac pain. The physical exam reported antalgic gait and myofascial tenderness over the lumbosacral area. Prior treatments included injections and medications. An epidural injection was performed on 12/9/14 with good results. Medications included Advair discus, Fiorinal, Flexaril, Norco, Prilosec, Requip, and Albuterol. A Lidoderm patch was applied to the low back area. Depression was controlled by Viibryd and Welbutrin. On 12/29/14, the primary treating physician's report (PR-2) noted continued bilateral knee pain, low back pain, depression, and insomnia due to pain. Seroquel was ordered for sleep and depression. On 1/6/15 Utilization Review non-certified Seroquel 100 mg 1-2 tabs po q6 hours #60 with 1 refill, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) Mental Illness and Stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 100mg 1-2 tabs p.o. qhs #60 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antipsychotics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Atypical antipsychotics

**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, Quetiapine (Seroquel) & Atypical antipsychotics

**Decision rationale:** Seroquel 100mg 1-2 tabs p.o. qhs #60 x 1 refill is not medically necessary per the ODG. The MTUS Chronic Pain Medical Treatment Guidelines does not address insomnia or Seroquel. . The ODG states that Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The ODG states that 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 request for Seroquel is not medically necessary.