

<b>Case Number:</b>	CM15-0008451		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/09/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<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: California

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 56-year-old female who reported an injury on 11/09/2005. The mechanism of injury was not stated. The current diagnosis is generalized anxiety disorder. The injured worker presented on 01/07/2015 for a follow-up evaluation. The injured worker was compliant and cooperative with all treatment recommendations. The injured worker was under psychotherapeutic care. The injured worker also remained on a combination of Prozac 20 mg, Xanax 1 mg, Lunesta 2 mg, and Seroquel 50 mg. The injured worker was scheduled for a follow-up psychiatric appointment in 2 weeks. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized alprazolam 1 mg since 2012. Although it is noted that the injured worker maintains a diagnosis of generalized anxiety disorder, there is no documentation of functional improvement. Guidelines do not recommend long term use of benzodiazepines. In the absence of exceptional factors, the request is not medically appropriate.

**Quetiapine fumarate 25mg #60:** 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), Quetiapine (Seroquel)

**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 Chapter, Quetiapine (Seroquel).

**Decision rationale:** The Official Disability Guidelines do not recommend Seroquel as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. The injured worker does not maintain a diagnosis of a psychotic disorder. The injured worker is currently treated for anxiety disorder. The medical necessity for the ongoing use of Seroquel 25 mg has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.