

<b>Case Number:</b>	CM15-0008955		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/28/1998
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 5/28/1998. The diagnoses have included major depressive disorder, psychotic disorder not otherwise specified, chronic pain state with chronic headaches and anxiety/depression. Treatment to date has included medications and psychiatric care. According to the Primary Treating Physician's Progress Report from 11/25/2014, the injured worker stated he could not sleep without Doxepin. He continued to report severe pain. Objective findings revealed normal speech, good mood and same affect. Physician plan was to continue Duloxetine 60mg twice a day, continue Seroquel 50mg at bedtime, and continue Doxepin. On 12/26/2014, Utilization Review (UR) modified a request from Seroquel 50mg at bedtime, QTY 90 to Seroquel 50mg at bedtime, QTY 30 for safe weaning, noting that there was no documentation of psychosis. UR modified a request from Duloxetine 60mg twice a day, QTY 180 to Duloxetine 60mg twice a day QTY 60 for safe weaning, noting that the injured worker was already using a tricyclic antidepressant and there was no report of any neuropathic pain. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 50 MG at Bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from The Medical Letter June 1, 2013 (Issue 130)

**Decision rationale:** Seroquel is quetiapine, a second generation anti-psychotic medication, used for treatment of schizophrenia, schizoaffective disorder, delusional disorder and other manifestations of psychosis or mania. In this case the patient was prescribed Seroquel for sleep. Quetiapine commonly causes somnolence, dizziness, constipation, postural hypotension, hyperglycemia and weight gain. Second-generation antipsychotics have been prescribed for insomnia but their serious adverse effects make it difficult to justify for treatment of insomnia alone. The risk of serious adverse effects do not justify seorquel for this indication. The request should not be authorized.

**Duloxetine 60 MG Twice a Day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15-16.

**Decision rationale:** Duloxetine is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case the patient suffered from major depressive disorder, for which he was being treated with a tricyclic antidepressant. He also suffered from chronic low back pain and bilateral knee pain. He does not suffer from diabetic neuropathy or fibromyalgia. Documentation in the medical record does not support the medical necessity for the use of duloxetine. The request should not be authorized.