

<b>Case Number:</b>	CM15-0101973		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: Psychiatry

### 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 46 year old male who sustained an industrial injury on 8/17/05. The injured worker was diagnosed as having major depressive disorder and pain disorder. Currently, the injured worker was with complaints of frustration and symptoms of depression. Previous treatments included medication management and psychotherapy. Physical examination was notable for a blunted affect, soft and slow speech and depressed mood. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine 100mg #30 with 7 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Mosby Inc, Seroquel/Quetiapine.

**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 A typical Anti-psychotics, Quetiapine (Seroquel).

**Decision rationale:** ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Anti-psychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the anti-psychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical anti-psychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution."The request for Quetiapine 100mg #30 with 7 refills i.e. an eight-month supply is excessive and not medically necessary. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The injured worker suffers from major depressive disorder for which anti psychotics are typically not indicated as first line agents. It is not recommended for a medication to be continued for long term without any monitoring or follow up. Therefore, the request is not medically necessary.