

<b>Case Number:</b>	CM15-0102091		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<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 44 year old male, who sustained an industrial injury on June 7, 2011. Treatment to date has included individual psychotherapy and medications. Currently, the injured worker reports good 7-8 hours of sleep and reports less severity of depression and less anxiety. The injured worker reports better concentration and less forgetfulness. He completed his course of individual psychotherapy and receives monthly psychotherapy maintenance treatments. He notes that he has daily present pain but with less intensity. The diagnoses associated with the request include major depressive disorder, partial remission; pain disorder associated with both psychological factors and general medical condition and insomnia. The treatment plan includes continuation of Effexor XR for depression, anxiety and chronic pain, continuation of Seroquel for hallucinations and insomnia and monthly individual cognitive behaviorally therapy for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel Tab 50mg qhs #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter.

**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 Atypical Antipsychotics, 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. Antipsychotic 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 antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics 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 injured worker has been diagnosed with Major Depressive Disorder, single episode; Pain disorder associated with both Psychological factors and General medical condition and insomnia disorder due to pain. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The use of Seroquel 50 mg at bedtime seems to be an off label use for insomnia. The request for Seroquel Tab 50mg qhs #30 with 2 refills is not medically necessary.