

<b>Case Number:</b>	CM15-0105089		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 48-year-old male, who sustained an industrial injury on 06/13/2008. According to a psychiatric progress report dated 04/30/2015, the injured worker continued to have ongoing depression, anxiety and post-traumatic stress disorder. He was not receiving his medications despite authorization requests. He was alert and orient to person, place and time. He was clean, neat and dressed appropriately for the visit. He ambulated with an unsteady gait. He was cooperative but irritable and made adequate eye contact. Speech was NRRT. His affect was flat. He denied thoughts of suicide or thoughts of wanting to harm him or others. There were no auditory or visual hallucinations reported. Thought process was linear. Assessment included major depression disorder, post-traumatic stress disorder, anxiety and insomnia. The treatment plan included Sertraline, Seroquel XR, Buspar and Prazosin. He remained very disabled from gainful employment. Currently under review is the request for Seroquel XR (extended release) tab 150mg quantity 30 for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel XR (extended release) tab 150 mg Qty 30 for 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Atypical Anti-psychotics.

**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 request for Seroquel XR (extended release) tab 150 mg Qty 30 for 30 days is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. The injured worker has been diagnosed with Major Depressive Disorder without psychotic features. The guidelines do not recommend for atypical antipsychotics to be used for treatment of depression as they have higher side effect profile compared to other antidepressants such as SSRI's, SNRI's etc. This request is not medically necessary.