

<b>Case Number:</b>	CM15-0109107		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Pain Management

### 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 31-year-old female, who sustained an industrial injury on 03/26/2007. According to a psychiatric follow up dated 04/28/2015, the injured worker was neatly dressed and groomed. Mood had been stable. Sleep was improved. Current medication regimen included Seroquel XR 100mg every evening and Trazodone 50-100mg at bedtime as needed for sleep. Appetite had been good. She had lost some weight due to diet control and exercise. She was still in chronic pain. She was supposed to have a cortisone injection within the week. There was no suicidal ideation, no homicidal ideation and no delusion. Flow of thoughts was logical and sequential. Perception was with no hallucinations. On 04/29/2015, the provider requested authorization for Seroquel XR 100mg #30 and Trazodone 50mg #30. Diagnosis included depressive disorder not otherwise specified. Currently under review is the request for Seroquel XL 100mg #30. A report dated February 19, 2015 indicates that the patient reports feeling depressed. The patient brought up an issue of a trial of Seroquel XR for her depressive symptoms. A trial of Seroquel XR was recommended. A progress report dated April 28, 2015 indicates that the patient's mood has been stable and sleep is improved. Appetite has been good and the patient has lost some weight due to diet control and exercise. The note indicates that the patient is less depressed and less anxious.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel XL 100mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 107 of 127. Decision based on Non-MTUS Citation <http://www.seroquelxr.com/major-depressive-disorder.html>.

**Decision rationale:** Regarding the request for Seroquel XL 100mg #30, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Seroquel XR is indicated for the treatment of major depressive disorder. Within the documentation available for review, it is clear the patient had depressive and anxiety symptoms prior to initiating Seroquel XR. Subsequent notes indicate that the patient has decreased depression, decreased anxiety, improved appetite, stable mood, and increased ability to lose weight due to exercise. No side effects are reported. As such, the currently requested Seroquel XR is medically necessary.